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PUBLISHED IN CONNECTION WITH
THE ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES.

THE
Universal Medical Journal

(FORMERLY THE SATELLITE).

A MONTHLY MAGAZINE

OF THE

Progress of Every Branch of Medicine in all Parts of the World.

EDITED BY

CHARLES E. SAJOUS, M.D.,
EDITOR-IN-CHIEF OF "THE ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES."

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Original Communications.

TYPHOID AND TREATMENT.

By BENJAMIN WARD RICHARDSON, M.D., F.R.S.

I AM just old enough to remember the time when the professors of the healing art did not differentiate between typhus and what we now call typhoid fever. I remember when the word "typhoid" was invariably used as indicating a condition of collapse or of extreme danger; and I recall quite vividly the first recognition of a distinct disease of enteric type to which, unfortunately, the term typhoid has been specifically applied. I think the application of the term in this manner was unfortunate, because it has never been entirely separated from its original signification. I, for my part, have always preferred the word "enteric" as descriptive of the fever; and if in the heading given above I use the term "typhoid," it is under protest, and in unwilling deference to a bad system.

In the course of my practice in this great metropolis, during the past forty years, I have had the disease typhoid almost at all times under observation. I ought to know, if experience long continued be worth anything, all the natural history of the affection; to me, its diagnosis ought to be absolute, its origin in every instance fairly obvious, its course pretty definite, its treatment satisfactory. It is with much regret I have to admit, speaking my free mind in this paper as if I were speaking to myself, that I am not so satisfied on many of these points as I would like to be. In case upon case difficulties upon difficulties have stood in the way and would not be solved. Sometimes I have failed altogether to trace out the cause or arrive at anything near to discovery of periods of incubation. In fact, I dare not strictly define any exact period of incubation, nor can I always feel sure of the actual existence of such a period at all. Strange, too, as it may seem

to many, I am not too positive in regard to an absolute diagnosis as applicable to every case that would be classified under the specific name. I could put down on paper a theoretical history of symptoms that would precisely identify typhoid; but I never yet met with an instance in which that theoretical construction was fulfilled to the letter. I hear, now and then, of a severe case or of a mild case, yet I cannot always measure the result by those expressions. A severe case may recover, a mild case may prove fatal,—the result, one way or the other, being determined by constitutional influences and heredities.

I have a suspicion, although I cannot strengthen it by statistical proof, that there are certain diseases of heredity which run together, and, by their presence in members of particular families, indicate some particular, but as yet undefined, family proclivity. Puerperal fever, phthisis pulmonalis, diphtheria, and typhoid occur to me as closely connected in family ties. This is very noticeable in insurance practice,—so noticeable that I hardly remember an instance of death from one of these diseases in a family without discovering one or more deaths in the same family from one of the other diseases.

I have sometimes, on being called to a patient said to be suffering from typhoid, had reason to suspect that the diagnosis was obscure or imperfect, from errors depending on similarities of symptoms arising from other causes. I have known meningitis mistaken for typhoid, also pneumonia, and that curious condition to which I have given the name of pneumoparesis. But what puzzles me most is the existence in a patient of a group of symptoms that can, in the end, be called nothing else except typhoid, and which, yet, have been in the beginning either meningeal or pneumonic, and nothing else. A gentleman, in perfect health when he went to bed, was suddenly awakened in the night by the crash of his bedroom window-panes, followed by violent knocking at the door of his house. He awoke, feeling as if he were stunned by the noise and alarm; he became sick and giddy, and soon was rendered semi-delirious from extreme pain within the skull. In a few hours he presented four degrees of fever on Fahrenheit's scale, a tongue furred, with red margins and tip; great thirst, and extreme restlessness. Within forty-eight hours the symptoms passed generally into those of true typhoid, with well-marked lenticular cutaneous rash, and with intestinal derangements of the most typical character. I call this typhoid, but I add to the word traumatic. It was, as it appears to me, from the first the result of a nervous shock, probably of the sympathetic, followed by a reaction in which the digestion was modified, and upon which the specific disease was developed, as if from a toxic product generated in the alimentary canal.

Another example of a somewhat different kind: A healthy man reclined on the bank of a lawn in the warmth of summer. He half slept or dosed and suddenly awakened, with the fact before him that he was breathing a foul air. He looked about and learned that he had been resting close to the mouth of a cess-pool. He felt sick, was giddy, retched, was conscious of some intestinal pain, with eructation, and soon was seized with acute headache, fever, and delirium. In six hours he was definitely in fever, with some difficulty of respiration and hacking cough. I found evidence of pneumonia

on the posterior base of both lungs; but I was most struck by the clear indications of typhoid. In forty hours the lenticular rash was developed, and in the end typhoid of unmistakable character was presented. I have never known a clearer example of what I would call again traumatic typhoid.

These classes of typhoid (as distinct from those in which there is an incubation period following upon some real or assumed toxic material taken as food or drink) are, I am convinced, of far more common occurrence than is usually supposed. They are cases of nervous origin, and they commence, as I emphatically believe, within the body without any introduction of specific virus. Whether they become themselves contagious by elimination of toxic product I am not sure, but the probability is strongly in favor of that view.

All the symptoms that lead to what is called "typhoid" convey, to my mind, its nervous origin. I should consider it to be a paresis, affecting the intestinal sympathetic nervous system. I see no other way of accounting for the lenticular rash and for the distinguishing aberrations connected with the digestive system. The fever is, to me, as the radiation from relaxed vessels surcharged with blood. The exhaustion is exhaustion due to the dissipation of radiant vital heat, and, if there be a modified zymosis, owing to the presence of fermentative substance, that I should take to mean a substance itself generated by the nervous disturbance.

It may be said I have brought together a number of conditions each one of which could be put under the head of "Typhoid." It is so; and yet, it is not necessary, therefore, to deny a certain concentration of symptoms which exclusively typifies the disease as a unit; and so I would leave the term in its common acceptation.

In my next paper I shall pass from the disease to the question of its treatment, or, more correctly speaking, to the treatment of a patient for the cure of the disease.

(To be continued.)

ASSOCIATION OF HYSTERIA WITH ORGANIC DISEASES OF THE NERVOUS SYSTEM, NEUROSES, AND OTHER AFFECTIONS.

By Dr. H. Babinski.

PHYSICIAN TO THE HOSPITALS OF PARIS; FORMERLY CLINICAL CHIEF IN THE DEPARTMENT OF LA SALPÊTRIÈRE, PARIS.

The domain of hysteria is extending day by day, and it is only necessary to scan the bulletins of the different medical societies and special monographs to be convinced of this fact. It is undoubtedly one of the most fashionable affections, and I am, for my part, convinced that there are few persons, indeed, who, under certain circumstances and under the influence of occasional causes, more or less active, do not succumb to its power. This proposition, I admit, is only applicable to hysteria minor; I believe, nevertheless, that hysteria major seldom develops except in subjects predisposed by birth or by neurotic antecedents, and is the appendage of a neuropathic aristocracy; the former, on the contrary, is within the reach of the whole world.

The field of this neurosis is still further enlarged by its association with maladies which are very unlike in character, and observations on this peculiarity have been already published, first in France, and later in other countries. I will mention particularly the works of M. Charcot,[1] the pioneer in this field; those of MM. Raymond,[2] Mathieu,[3] Aurelles de Palladines,[4] Seglas,[5] Babinski,[6] Souques,[7] Siredey,[8] Oppenheim,[9] Remak,[10] Bernhard,[11] Mendel,[12] Siemerling,[13] Buzzard,[14] and Hughes.[15] The principal affections whose co-existence with hysteria has been noted are *sclérose en plaques*, tabes, syringomyelia, Morvan's disease, Pott's disease, facial paralysis, primitive myopathy, neurasthenia, agoraphobia, onomatomania, chorea, and Basedow's disease.

Notwithstanding the large number of publications on this subject already mentioned in the foregoing bibliographical index, the latter is, to my mind, far from being complete. The works in question are, for the most part, very succinct, giving the history of one or more typical cases, and, if we relied exclusively on them to appreciate the importance of these morbid associations in pathology, we might suppose that cases of this character were relatively rare, which is not the fact. We have the right, however, to affirm, *a priori*, that any malady may be associated with hysteria, and nothing is, moreover, easier to conceive. If, for instance, a slight traumatism, or some other trifling cause, is capable of provoking hysterical manifestations in an individual who was perfectly healthy up to that time, it is quite natural that an organic or dynamic affection of the nervous system, a preexisting pathological condition, of any kind, is capable of producing analogous effects, and, indeed, the association of hysteria with other diseases is, as I have observed myself, of very common occurrence.

This association may be unrecognized, either because the hysterical phenomena occupy first place in the symptomatic picture, and thus mask the concomitant affection, or because the latter, on the other hand, absorbs completely, to the detriment of the hysteria, the attention of the observer,

[1] (*a*) Leçons du Mardi (Association de l'hystérie avec la sclérose en plaques, le mal de Pott, le tabes, la myopathié, la neurasthénie.) (*b*) Leçons recueillies par Guinon. Publications du Progrès Médical, 1892 (Maladie de Morvan et Hystérie).

[2] Progrès Méd.. No. 20, 1889 (Obs. de rhumatisme chronique associé à l'anesthésie hystérique.)

[3] Progrès Méd., No. 30, 1888 (Neurasthénie et hystérie combinées).

[4] Thèse de Paris, 1889. Associations morbides en pathologie nerveuse (Observations de paralysie alcool. de chorée, de maladie de Basedow associées à l'hystérie).

[5] Bulletins de la Soc. Méd. des Hôpitaux de Paris, 1889, No. du 12 Avril (Coexistence chez un malade de l'hystérie et d'une variété spéciale d'onomatomanie—écholatie mentale).

[6] Gaz. hebd. de méd. et de chir., 1891, p. 368 (Agoraphobie et hystérie).

[7] Thèse de Paris, 1891. Etude des syndromes hystériques simulateurs (Association de l'hystérie avec le tabes et la sclérose en plaques).

[8] Bulletins de la Soc. Méd. des Hôpitaux de Paris, 1891, p. 537 (Tabes et hystérie).

[9] Neurologisches Centralblatt, 1890, p. 488 (Sclérose en plaques, syringomyélie, paralysie faciale et hystérie.)

[10] *Id.*, 1890, p. 499 (Hystérie et sclérose en plaques.)

[11] *Id.* (Hystérie et sclérose en plaques.)

[12] *Id.* (Hystérie et paralysie pseudo-hypertrophique.)

[13] *Id.*, 1891, p. 22 (Ueber einen mit Geistesstörung complicirten Fall von schwer Hysterie welcher durch congenitale anomalien des central nervensystem ausgezeichnet war.)

[14] Brain, 1890, Spring Number (On the Simulation of Hysteria by Organic Disease of the Nervous System).

[15] Alienist and Neurologist, July, 1892, St. Louis (Note on the Hysterical Concomitants of Organic Nervous Disease).

—a thing which happens frequently when we have simply the manifestations of hysteria minor. In neglecting thus the one or the other of the two factors present, we are liable to err in therapeusis and diagnosis.

It is because of this failure to recognize the hysterical element in these cases of hystero-organic association that some physicians have advanced the idea that psychotherapeusis may modify, to a considerable extent,—nay, even cure,—these organic affections.

It is, therefore, essential that we bear in mind the possibilities of these associations and try to discover, in cases of this kind, how much belongs to each of these two factors; it is, I admit, a task which may often be very difficult.

I believe, for the reasons which precede, that it will not be uninteresting if some new cases of this kind are placed on record, and, among the many that I have observed, I will select a few which I think particularly worthy of attention, and will present them briefly.

OBSERVATION I.

ORGANIC SPASMODIC HEMIPLEGIA; CONTRACTURE, EXAGGERATED TENDON REFLEX, EPILEPTOID MOVEMENTS OF THE FOOT. HYSTERICAL SENSITIVO-SENSORIAL HEMIANÆSTHESIA. RAPID DISAPPEARANCE OF THE HEMIANÆSTHESIA AFTER THE USE OF MAGNETISM.

A woman, 45 years of age, addicted to alcoholics, subject to nightmare, and showing the signs of arterio-sclerosis, was admitted to *la Salpêtrière* in March, 1886, in the service of M. Charcot.

There was right hemiplegia consecutive to an apoplectic attack. The paralysis affected the upper and lower limbs and the inferior portion of the face. The hemiplegia had been present for six months when I examined the patient for the first time, and it presented at this time the classical characteristics of spasmodic hemiplegia due to organic disease of the brain.

The patient walked with difficulty, and, in mowing, the upper extremity assumed a normal position; its different segments were notably flexed, the one on the other; the motor troubles were more pronounced here than in the lower extremity; the right commissure was slightly deviated inferiorly. There was decided resistance, due to muscular rigidity, which could be overcome, to a certain degree, by making passive movements of the foot, the leg, the thigh, the fingers, the hand, the forearm, or the arm; it was impossible to raise the arm to the horizontal position.

The tendon reflexes were very much exaggerated in the upper and lower extremities, and epileptoid movements of the foot were easily induced.

There existed, also, a strongly-marked sensitivo-sensorial hemianæsthesia on the right side; the whole right side was completely insensible to touch, pain, and temperature; the sense of position was likewise absent.

Right amblyopia with contraction of the visual field, obtunded hearing, loss of sense of taste and of smell on the same side, were present.

Magnetism was applied to the upper extremity on the right side for about half an hour. On re-examination, made after this application, the sensitivo-sensorial hemianæsthesia, which, according to the statements made by the patient, appeared at the beginning of the disease,—that is to say, six months ago,—was found to have entirely disappeared; the general and special sensibility was equal on both sides, and seemed entirely normal. The motor symptoms were not influenced in any way.

The after-condition of this patient, who has been under observation for

several months, has not suffered any change; the motor hemiplegia has not improved, and the anæsthesia has not returned.

The character of this hemiplegia would seem to show that the motor troubles are dependent upon an organic lesion of the brain, probably located in the internal capsule, which has given rise to a secondary degeneration of the pyramidal tracts. The sensitivo-sensorial hemianæsthesia might be due to a lesion of the posterior portion of the internal capsule, and it might be a question whether, in this particular case, the sensory troubles were not due primarily to a lesion of that portion of the brain.

The truth of this hypothesis might have been doubted, perhaps, but for the results obtained from the application of the magnetism.

In fact, organic hemianæsthesia is generally present in a slight degree, but exceptionally it may be more pronounced, and, if so, rarely save in the period which immediately follows the onset of the affection, and during a very limited[1] space of time.

We cannot, however, affirm that a hemianæsthesia, complete and of long duration, may not be dependent upon an organic affection of the brain; several observations will tend, indeed, to demonstrate this to be a fact.[2] Nevertheless, in the case under consideration, the rapid disappearance of the anæsthesia, by means which I will not describe here, makes it evident to me that it was dependent upon the hysteria. It is, therefore, beyond question that there was here an association between the organic hemiplegia and the hysterical hemianæsthesia. Cases of this character cannot be rare.[3]

I have also observed a patient in whom permanent organic hemiplegia was associated with transitory hemihyperæsthesia, which disappeared in a short time after electro-therapeutic treatment. Without affirming the same, I am of the opinion that this hyperæsthesia was due to hysteria.

There is every reason to believe that, with a paralysis due to cerebral lesions, there may sometimes be associated motor troubles of a hysterical nature.

[1] In March, 1891, at the Maison Municipale de Santé, I saw a patient who had cerebral hæmorrhage on the left side, which had, as the necropsy demonstrated, destroyed the posterior portion of the internal capsule and all that portion posterior to the centrum ovale corresponding to the occipital lobe.

During the first two days following the accident there was almost complete abolition of the general sensibility on the right side. One could prick or pinch the skin, make strong pressure upon the deep parts, apply to the skin very hot substances or a piece of ice without disturbing the patient in any way, or even calling his attention to these manœuvres; the same experiments made on the other side provoked an energetic reaction, which was made evident by cries, gesticulations, and defensive movements, although the patient was in a depressed and apathetic condition. The dejected condition of the patient rendered an examination of the special senses impracticable.

The following days, third, fourth, fifth (the patient died on the sixth day), although the depression of the patient increased, the anæsthesia became notably diminished, and excitations, which at first elicited no response, caused, as on the opposite side, but in a less degree, cries and movements, showing that they were now appreciated by the patient.

[2] See, in connection with this subject, a communication made by Ferrier to the London Medical Society: "Sur l'hémianesthésie cérébrale" (Semaine Médicale, 1887, p. 476).

[3] M. Bernheim has published several analogous observations, which he interprets, however, in a different manner. This author correctly observes that "the functional trouble in diseases of the nervous centres is often greater than can be explained by the location and extent of the anatomical lesion"; and he adds, that "it is against this modified '*dynanisme*,' independent of any organic alteration, that psychotherapy may prove so effectual" (page 334). This latter proposition, to be exact, requires, to my mind, that we substitute for the word "*dynanisme*" the word hysteria. These two terms are in nowise synonymous; for if all hysterical affections are, in their origin at least, of a dynamic nature, the dynamic affections may always be differentiated from hysteria.

OBSERVATION II.

DIFFUSE MENINGO-ENCEPHALITIS; PECULIAR EMBARRASSMENT OF SPEECH, TREMOR OF THE UPPER LIP, DIMINISHED INTELLIGENCE, AFFECTED PUPILS. PARAPLEGIA; HYSTERICAL ASTASIA; RAPID DISAPPEARANCE OF THE ASTASIA FOLLOWING THE USE OF THE INDUCED CURRENT.

A man aged 31 years, by occupation a stamper, was kindly sent to l'Hôtel-Dieu Annexe by M. Sireday.

Previous History.—The patient had contracted syphilis ten years ago. According to information furnished by the patient's mother, the present trouble began one year previous to admission, the first symptom being a progressive impairment of the intellect without delirious ideas, and a loss of muscular power, which compelled him to relinquish his usual avocation ten months ago.

Examination of the Patient, July 2, 1892.—The facies expressed the apathy into which the patient had fallen. He seemed totally indifferent to everything that was done or said concerning him. He answered questions only when they were very simple, being generally content to say "yes" or "no," and he seemed to be in constant doubt as to whether his answers were right or wrong. He seemed entirely incapable of reflection, remained silent when a question at all complicated was propounded, and did not appear to have any desire to comprehend it. The nurse said that the patient did not speak during the entire day, and would pass hours together, seated on a chair, without any occupation save, perhaps, reading; he would read the same page five or six times without appearing to understand what he read,—in a word, there was very pronounced impairment of the intellect. The patient did not have any delirious or exalted ideas. There was a marked tremor of the upper lip and of the tongue. The speech was slow and difficult, presenting the typical characteristics belonging to diffuse meningo-encephalitis. The pupils were slow to contract when exposed to the light.

The motor functions of the upper limbs were almost normal; those of the lower limbs were not. When in bed the patient could move around easily and the muscular powers seemed to be intact, but when he stood up the legs made alternate movements of flexion and extension upon the thighs; the body was very unsteady, and moved forward, backward, to the right and to the left, and, whether the patient remained standing in one place or stepped forward, he lost his balance easily, and fell if some one did not come to his assistance. He had been in this condition for several months, incapable of walking alone. The tendon reflexes were normal. There was a diminution of sensibility of all kinds in the left lower extremity. The senses of taste and of smell were blunted. The visual field on the left side was slightly contracted. There were no trophic changes. The vesico-rectal functions were normal. I applied the induced current (Charcot's apparatus) to the muscles of the lower limbs for about five minutes, and told the patient that I had cured his paralysis; then I ordered him to get up and walk. He obeyed me, and walked with ease a distance of eight metres; his gait was very different from what it had been before.

July 5th. The improvement has continued since July 2d. I again applied electricity to the lower limbs. After this *séance* the patient walked even better than before. Electrization of the labial and lingual muscles enabled the patient to speak more distinctly, but this improvement lasted only for a few minutes.

July 10th. The patient's condition is about the same. The sensitivo-sensorial anæsthesia has disappeared.

September. The impairment of the intellect and the difficulty of speech have increased since the month of July. The gait is not very steady, it is true, but the patient can walk about the room without help and without falling. The improvement obtained in July has continued up to this time.

In conclusion, we will group the symptoms as follows: (1) a marked impairment of the intellect, peculiar embarrassment of the speech, tremor of the upper lip, and some pupillary derangement; (2) locomotor troubles entirely analogous to those observed in astasia-abasia.

From a diagnostic point of view, three hypotheses offer:—

(*a*) We may admit, first, the existence of a meningo-encephalitis characterized by the symptoms of the first group, and refer the dependence of the locomotor symptoms to the organic lesion of the brain. This hypothesis, entirely tenable until the patient had received treatment, becomes at once inadmissible, and the rapid, almost instantaneous, transformation brought about by treatment, in which suggestion may claim the most, if not the entire, credit, allows us to affirm, as I believe, that the astasia, although not accompanied by hysterical symptoms, was here, as usual, due to hysteria.

(*b*) Secondly, remembering that hysteria is a great simulator, it would be legitimate to ask if these phenomena of the first group could not also be attributed to this neurosis? Although personally I have never seen in hysteria these special disturbances of articulation, which appear to belong properly to meningo-encephalitis, I am ready to admit it as possible. Nevertheless, I reject the hypothesis in question, because there exist, also, in the case under consideration, diminished intelligence, tremor of the upper lip, and pupillary disturbances, which are foreign to the symptomatology of hysteria.

(*c*) Nothing now remains except to admit that the case is one of association of meningo-encephalitis with hysterical astasia, and this hypothesis has been verified by the treatment. It should be remarked that the feebleness of the lower limbs has not entirely disappeared and that the gait has not become entirely normal. I am willing to admit, therefore, that the paresis persisting at the present time may be altogether dependent upon cerebral lesions; yet it cannot be denied that upon this organic condition there was engrafted a purely dynamic affection,—hysterical astasia,—and that it was principally the latter factor that made it impossible for the patient to stand up or to walk about when he was first admitted to the hospital.

OBSERVATION III.

Facial Paralysis Consecutive to Fracture of the Petrous Portion of the Temporal Bone. Hysteria: Locomotor Troubles, Staggering Gait, Vertigo. Disappearance of the Hysterical Manifestations Under the Influence of Suggestion.

The patient was a female, 42 years of age; by profession, a cook.

Previous History.—At the age of 22 years, after a fright, she had a series of hysterical convulsive attacks which were accompanied by delirium. A condition characterized by choreic movements (the special variety of which could not be ascertained on account of the meagre information given of them) followed, and was present for an entire year; this latter condition was interrupted, now and then, by hysterical attacks.

A year later, the chorea abating, the gait became staggering, and was finally of the character to be described later on.

After several months had passed these phenomena disappeared, and from this time until the accident her health was very good; the patient had, however, on several occasions, a temporary return of the locomotor troubles, similar to those which she had at first, accompanied by vertigo and tinnitus aurium; she had, also, several attacks characterized principally by loss of consciousness.

Some weeks before the accident for which she had been admitted to the hospital, vertigo and difficulty of speech had returned, and were more pronounced than before; nevertheless, the patient was able to go out, attend to her work, and take long walks.

On April 4, 1892, while crossing a street, she was knocked down by a wagon; in falling her head struck against the pavement, and she lost consciousness. She was carried to l'Hôpital Lariboisière and placed under the care of M. Périer; she soon regained consciousness.

An abundant hæmorrhage from the right ear and facial paralysis on the same side were found to be present. M. Gouguenheim examined the patient later, and made the following diagnosis: "Traumatic otitis, fracture of the postero-inferior portion of the auditory canal. Facial paralysis on the right side. Improvement in hearing after the removal of the clots."

A few days after the accident the patient got out of bed and tried to walk, but she could not take many steps without losing her balance; the locomotor troubles, instead of improving, in the course of time became worse. M. Périer then transferred the patient to my care.

Condition of the Patient April 15, 1892.—Paresis of the face on the right side, affecting the superior and inferior portions, but principally the inferior portion; the right commissure is deviated below. The faradic contractility of all the muscles, but particularly of the zygomatici, is much more feeble than on the other side; the application of the voltaic current is attended with less decided response on the affected side than on the unaffected.

Right hemianæsthesia; sensibility to touch and pain is diminished over the whole right side. Contraction of the visual field in the right eye, with obtunded hearing on the same side. The patient has, now and then, some tinnitus aurium, which is, it is true, less marked and of shorter duration. Tendon reflexes are normal.

When the patient is lying down she has no vertigo; the motor functions of the limbs and of the various parts of the body—the right side of the face being excepted—are nearly normal; the right hand, however, seems a little weaker than the left.

When the patient is made to sit down she does not maintain her equilibrium,—she swings to the left or the right, but more often toward the right side; she has some accompanying vertigo.

When the patient stands up the oscillation of the body increases. She can, however, stand on one foot, with great effort, for several seconds, and more easily on the left than on the right one.

The gait is unsteady, staggering, the legs interfering with each other; the patient steps off most often toward the right, but sometimes also toward the left and backward. It is difficult for her to walk a dozen metres, and she has to be watched when she is on her feet; for, if she is not assisted now and then, she is apt to fall.

On April 20, 1892, about 4 P.M., M. Nageotte, hospital-interne, hypnotized the patient; the latter found it impossible to open her eyes, although she tried hard to do so. He suggested to her that she could now walk all

right; the immediate result was not satisfactory, but in the evening the patient arose and showed that she could walk well; by the next morning the locomotor troubles had entirely disappeared, the gait was now normal. The recovery has remained complete since that time. The facial paralysis has not suffered any change; several attempts were made to influence the condition of the same, but no result was obtained.

On May 10, 1892, the staggering gait and the locomotor troubles were reproduced in the patient, and caused again to disappear, by means of suggestion.

The patient was discharged in July. The facial paralysis was not benefited in the least by electrical treatment.

Here was a case of partial paralysis of the facial nerve consecutive to a fracture of the petrous portion of the temporal bone; this diagnosis cannot be disputed, it was self-evident. The latter cannot be said of the vertigo, the locomotor troubles, and the staggering gait, which, at least in the beginning, might have been explained in two ways.

The organic auricular affection could, as we know, give rise to phenomena like those in the case under consideration. Was this an abortive, imperfect form of Menière's disease, caused by the fracture of the petrous portion of the temporal bone? This hypothesis was a tenable one.

But, on the other hand, the patient had had, before the time of the accident, the same symptoms; moreover, she was manifestly hysterical; now, it is possible to have symptoms which are more or less analogous to those which characterize Menière's disease[1] in hysteria.

The results obtained by suggestion allows us to settle the point at issue, and to affirm that all these phenomena were dependent upon the hysteria, and that there was, consequently, in this case, an association between organic facial paralysis consecutive to fracture of the petrous portion of the temporal bone and locomotor troubles of hysterical origin.

BI-ELECTROLYSIS.

By Dr. Foveau de Courmelles,

LAURÉAT DE L'ACADÉMIE DE MÉDECINE DE PARIS; LICENCIÉ ÈS SCIENCES PHYSIQUES; LICENCIÉ ÈS SCIENCES NATURELLES.

The electrolysis of two substances at the same time is a novel idea, is easy of application, and yields unexpected results. To study the phenomena which present themselves during the operation, we must note:—

1. The decomposition of the first substance.
2. The decomposition of the second substance.
3. The exchange between the elements which are liberated in a nascent state; that is to say, in their most active condition.
4. The elevation of temperature which is due to the passage of the current and to the resistance which these two bodies in solution offer.

It was while applying cataphoresis, or the electrical penetration of medicaments into the human body (method of Edison and Peterson), that I

[1] Gilles de la Tourette (Progrès Méd., 1891, p. 31) note "sur quelques paroxysmes hystérique peu connus; attaques à forme de neuralgie faciale, de vertige de Menière."

noticed its co-existence with the phenomena that I herewith present to the profession. It often happened that the expected result was not attained; at other times, the amelioration of the morbid affections was almost miraculous. There were, therefore, unexpected co-efficients which needed explanation. This point being reached, I termed the new method "*medicinal electrolysis*," an appellation which I now prefer to replace by the shorter and better term, "*bi-electrolysis.*" This latter term has the advantage of being more general and unlimited in its application, for the arts, to my idea, will be equally benefited by the discovery. Numerous papers[1] on this subject have been presented to the French Institute.

Two experiments *in vitro* demonstrate the value of several therapeutic facts, such as the destruction of fibromata, of gouty nodes, etc. In short, the mode of action of electrical currents, combined with medicaments, upon the destruction of a morbid product, may be either of two kinds, according to the mineral or organic nature of the morbid product.

1. The action of lithium salts upon gouty nodosities (salts of lime or soda), when associated with the continuous current, is as follows: In a given case the crystals of calcium oxalate or sodium urate are enveloped by an animal membrane, porous and dialytic, and around these crystals a saturated solution of lithium carbonate is placed. The current passes. In a short time a precipitate is formed upon the outer surface of the parchment membrane (calcium carbonate) and the membrane is emptied of its contents. It is in this process, rather than in cataphoresis, that the explanation of a cure lies.

2. The action of potassium iodide upon fat-granules exposed to the continuous electric current is more difficult of demonstration. The fatty mass of a fibroma is not a good electrical conductor in its entirety; for it is formed of molecules imbedded in a muscular and cellular areola, and the injection of the iodide only reaches them by lacerating the tissues, and in this way allowing the current to be conducted to the interior of the mass. Thus, by breaking down these substrata,—these supports of the fat-tissue,—the latter give up their fat-granules; the little nodules, losing their support, fall. The fibromata, therefore, lose their fatty nodules at the expense of the tumor, which gradually disappears. The same thing happens in a lipoma which has received into its mass an injection of iodide, and into which, afterward, the continuous current is passed by means of two needles plunged into the tissues; it is destroyed.

A special apparatus was necessary for these applications, either when medicated solutions were used or when various metals were introduced within the organic cavities (the selection being governed by the character of the secretions of the latter) to produce caustic or resolvent fluids for the medication of the tissues. Thus, within the uterine cavity, for the destruction of fibromata, I have introduced a solution of the iodides, followed by the passage of the current through a metallic stem of copper, zinc, or iron, in this way forming either caustic or tonic oxychlorides. Sometimes trocars made of different metals were employed, introduced through the

[1] Séances de l'Académie des Sciènces, November 24, 1890; January 19, 1881; December 28, 1891; June 27, 1892.

abdominal walls. At other times a medicated tube (all the instruments mentioned were devised for the purpose) held the solution of iodide and delivered it, drop by drop, with the current to the morbid parts. In all cases the other electrode was applied exteriorly, as near as possible to the first-mentioned electrode, so that the current might travel over the shortest route and not be diffused or lost.

Bi-electrolysis is, moreover, of interest in that it is often of use in diagnosis, as well as in the treatment of disease. Thus, in a case of metritis, we have the two methods of diagnosis and cure. The electro-diagnostic features of the method present this peculiarity, that the continuous current gives rise to pain when it traverses the morbid part, producing either a slight pricking or burning sensation. Here apply to the part thus discovered either the induced current, by means of a special electrode, one part of which encircles the os and the other passes within it, or a stem electrode of zinc with the continuous current, which will form *in loco dolenti* the caustic chloride of zinc and constitute a form of electrolytic *curage* or *curettage*, at once very simple and giving rise to very little pain.

What shall be done for gastric lesions and for dyspepsia? According as the stomach secretes an excess of alkali or acid, we direct the patient to drink before meals (1) a solution of ammonium chloride, and introduce the positive pole within the stomach, thus liberattng free, nascent, active hydrochloric acid; (2) a solution of sodium chloride, with the negative pole within the stomach, in this way setting free nascent soda. The other pole, in both cases, is applied externally. The substances formed are in small quantities, presenting thus certain advantages and no attendant inconveniences.

I hope soon to find a substance that will, in connection with the continuous current, dissolve vesical calculi *in loco.*

These bi-electrolytic, or, rather, poly-electrolytic, phenomena are to be observed in the natural world, on every hand. Does not the atmosphere form in this way its ozone, its ammonium nitrate, its hydrogen peroxide from its nitrogen, vapor of water, carbonic acid, organic elements, and electrical currents through the oxidation which takes place, and the chemical reactions which thereby ensue between these elements and others of our globe? Lightning is not the only electric fluid which surrounds us, for these phenomena of the modification of bodies are produced by continuous currents, and also, more slowly, by contact with interrupted currents; thermo-electric currents due to variations in density and temperature of atmospheric media likewise play an active part in these changes.

Hydrogen peroxide produced by ozone in contact with watery vapor is immediately utilized, although we cannot see the process, its effects alone being apparent,—the bleaching of clothes when moistened and spread out in the air; the blonde hair, found most generally in persons who live out in the open fields; the feebleness of epidemics in rural regions, where all the antiseptic hydrogen peroxide is not neutralized by chemical agents, as in the cities. I shall not dwell longer, at this time, upon these new, or, at least, recently revealed, phenomena, but will refer to them later, and at more length.

Selections from Reports of Members of the Editorial Staff.

Austria.

PROF. H. OBERSTEINER,
REDACTEUR DER ABTHEILUNG FÜR RUCKENMARKSKRANKHEITEN.

Alle Bücher, Thesen, separatabdrücke, etc., über den obenerwähnten Gegenstand in deutscher Sprache erscheinend, Sollen Herrn

PROF. H. OBERSTEINER,
XIX Döbling, Wien,
Oesterreich,
zugesandt werden.

Spastic Infantile Paralysis.—KRAFFT-EBING, of Vienna, reported the case of a family in which two boys and one girl presented spastic symptoms in both lower extremities. No hereditary cause could be traced.—*Wiener klinische Wochenschrift*, November 24, 1892.

[In my opinion, these cases are closely allied to the ordinary spastic infantile paralysis, but are examples of its spinal form.—ED.]

Clinical Manifestations of Syringo-Myelitis.—H. SCHLESINGER, of Vienna, calls attention to the fact that, in syringo-myelitis, blisters on the skin very frequently occur, and that true pemphigus may also be found. He saw a case in which a clinical diagnosis of pemphigus foliaceus was made, while the post-mortem showed the presence of syringo-myelitis. He also warns against the confounding of syringo-myelitis with hysteria, which is quite possible when, in contrast to disturbances of sensibility, the other symptoms are less pronounced.—Report to the Vienna Medical Club, November 23, 1892; *Wiener Med. Presse*, 1892, No. 49.

Allochiria and Tabes Dorsalis.—M. WEISS, of Prag, has observed pronounced allochiria in the case of a female patient, aged 54, suffering from tabes dorsalis; not only stitches, but temperature irritation and passive movement occurred in the same locality on the opposite side of the body.—*Wiener Med. Presse*, 1892, Nos. 46–48.

The Bladder in Tabes Dorsalis.—J. WAGNER, of Graz, has found in patients suffering from tabes dorsalis, and also in certain cases of dementia paralytica, a condition of the bladder in which it can be voided by compression, only, however, when the patellar reflex had subsided. If, in such cases of paralysis of the bladder, occurring in diseases of the spinal cord, pressure is exerted upon the abdomen in the region of the bladder, it is often possible to cause the urine to flow without its being necessary to use the catheter.—*Wiener klin. Wochenschr.*, November 24, 1892.

Symmetrical Gangrene in Connection with Peroneal Paralysis.—HORNFELD, of Vienna, has observed, in connection with acute unilateral peroneal paralysis, symmetrical gangrene of the distal phalanges of the first four toes of each foot. In the spinal cord very pronounced tabes was found. There was, also, neuritis of the nervi peronæi.—*Wiener Med. Wochenschr.*, November 5, 1892.

Denmark.

DR. HOLGER MYGIND,
REFERENT FOR DEN DANSK LITTERATUR VEDRØRENDE: ALMINDELIG KIRURGI, OPHTHALMOLOGI, LARYNGOLOGI, OTOLOGI, ANATOMI, HISTOLOGI, PHYSIOLOGI, DERMATOLOGI, SYPHILIDOLOGI, SAARSYGDOMME (TETANUS, HYDROPHOBI, ETC.).

Alle medicinske Böger, Dispntatser, Monographier, Tidsskrifter, etc., der adkomme i Danmark bedes sendt til DR. LEVISON,
(f. d. DR. MYGIND),
Norrevoldgade, 13,
Köbenhavn.

Extra-abdominal Treatment of Cancer of the Intestines (Except the Rectum).—PROFESSOR BLOCH, of Copenhagen, relates a case of cancer of the sigmoid flexure in a man, aged 36, on whom laparotomy was performed on January 9, 1891. During this operation twenty-five centimetres of the intestine, including the cancerous growth (six centimetres long), was pulled out, a small glass staff was pierced through the mesentery, and the entire intestine was placed outside of the abdomen, being fixed in this position by means of sutures,—by means of which, also, the peritoneal cavity was closed; after this a transversal opening into the exposed intestine was made with thermo-cautery, and a large drain was introduced into the superior end of the intestine; lastly, a dressing of iodoform gauze, etc., was applied. On February 8th (the fæces having meanwhile been discharged without any difficulty from the artificial anus) the cancerous growth was extirpated by means of resection of the intestine, and the healthy ends of the intestine were united with sutures, the entire intestine, which was pulled out on January 9th, remaining outside of the abdominal cavity. The resection wound did not, however, heal entirely, excrement being found in the dressings eight days after the operation. There now appeared several small growths on the mucous membrane of the intestine; they were found to be adenomas; they disappeared entirely later on without any operation. On May 31, 1891, no recurrence of the cancer having meanwhile been observed, a circular resection of the exposed intestine was performed to close the artificial anus, the divided ends were united by means of sutures, and the whole intestine was re-introduced into the abdominal cavity, after which the abdominal wound was closed. Eight days later natural motions were passed, and the patient has since then been perfectly well. The growth was a cylindrical, epithelial carcinoma.—*Nordiskt Medicinskt Archiv*, 1892, Nos. 1 and 5.

Fistulæ of the Ureters.—PROFESSOR IVERSEN, of Copenhagen, gives an exhaustive survey of the fistulæ of the ureters, which he divides into two groups, viz., the uretero-uterine and uretero-vaginal fistulæ:—

1. Of the former group he has collected from literature altogether seventeen cases (one of his own included), which all originated from delivery, in which forceps was applied to the fœtus in eleven cases, while in the remainder the delivery was particularly difficult. Eight cases were operated on (including his own) by hysterocleisis, kolpocleisis, or nephrectomy. Iversen considers nephrectomy to be the best surgical treatment in such cases, and gives a full report of the excellent result obtained in a woman aged 31, who was discharged from the hospital, five weeks after operation, with completely healed wound and normal urine.

2. Of uretero-vaginal fistulæ the author has collected thirty-seven cases from literature, being, however, unable to augment these with cases treated by himself.—*Nordiskt Medicinskt Archiv*, 1892, No. 22.

Estlander's Operation.—EMIL MULLER, of Copenhagen, recommends a modification of Estlander's operation for empyema of the pleura in cases of long standing. It consists in performing the resection of the costæ in several *séances*, with intervals of several months, thus enabling the patient to gain strength from one operation to another. It does not expose him to the dangers consequent upon the extensive resection of the ribs necessary in old cases in one operation. The author quotes two successful cases operated on in this way.—*Bibliothek for Läger*, 1892, No. 436.

Doubtful Gangrene of Incarcerated Hernia.—T. ROVSING, of Copenhagen, in cases of dubious gangrene of incarcerated hernia, recommends pulling out the suspected part of the intestine and keeping it outside the abdominal cavity, covered by a dressing; if, then, gangrene develops, an artificial anus is established, while, in the reverse case, the intestine is replaced. In favor of this mode of treatment he quotes the following case treated by himself: A woman aged 43 had contracted an incarcerated inguinal hernia on the left side. Three days after the appearance of symptoms of incarceration herniotomy was performed, taxis having proved unsuccessful; the exposed intestine showing suspicious signs of gangrene, especially where incarcerated in the annulus inguinalis (discoloration, rupture of several small parts of the serosa, with slight hæmorrhage), a portion (twenty centimetres long) of the intestine was drawn out (after the constricting ring had been divided) and fixed to the hernial sac by means of sutures, which included the omentum, and finally covered with sterilized gauze and wool. Four days later the dressing was removed, and the whole intestine, presenting a healthy appearance, was returned into the abdominal cavity, after which a radical operation was performed. Recovery in a month.—*Hospitals-Tidende*, 1892, No. 18.

Bacteriological Investigations of Fluid Contained in the Sacs of Incarcerated Herniæ.—T. ROVSING, of Copenhagen, has performed bacteriological investigations of fluid contained in the sacs of incarcerated herniæ in five cases without being able to detect the presence of any form of bacteria, even in a case where the fluid contents of the sac had a putrid smell and was of a dark-brown color, no lesion of the intestine being, however, present.—*Hospitals-Tidende*, 1892, No. 19.

Surgical Treatment of Gall-Stone.—KR. POULSEN, of Copenhagen, discusses, in an exhaustive paper, the surgical treatment of gall-stone. In the Commune Hospital of Copenhagen, during the years 1870–90, 30 men and 81 women were treated under this diagnosis (lithiasis biliaris). Statistics of 9172 post-mortem examinations performed in the said hospital show that gall-stone was found in 2.34 per cent. of men and in 5.9 per cent. of women, over fifteen years of age. The disease was principally found in individuals who had also cancer and phthisis. Only 9 per cent. of the individuals examined post-mortem, and in whom gall-stone was found, had exhibited, during their life-time, signs of its existence. The author relates 8 operations for gall-stone performed by Professor Iversen, surgeon to the said hospital. Of these, 2 died immediately or shortly after the operation, and 1 a month later from tuberculosis, while the remaining 5 recovered com-

pletely. In the 5 patients who recovered, simple cholecystotomy was performed; of the 2 patients who died immediately or shortly after the operation, extirpation of the bladder was performed in 1 case, while in the other case an abscess about the bladder was opened.—*Nordiskt Medicinskt Archiv*, 1892, No. 16.

France.

DR. P. BUDIN,
RÉDACTEUR DU DÉPARTEMENT DE L'OBSTÉTRIQUE ET DES MALADIES PUERPÉRALES.

Tous livres, thèses, monographies, etc., sur les sujets ci-dessus, publiés en langue française, doivent être adressés à M. le

DR. P. BUDIN,
129, Boulevard St. Germain,
Paris.

Incomplete External Rupture of the Uterus.—DR. MAYGRIER reports the case of a woman who, being in labor, received a kick in the abdomen. From this time all contractions ceased; the abdomen became painful, and it was found that the child was dead. The patient was removed to the hospital, and died upon arrival. At the autopsy a large clot was found on the anterior surface of the uterus and fluid blood in the peritoneal cavity. The uterus showed a deep fissure upon its external surface, but the rupture did not extend to the cavity of the organ; numerous superficial cracks surrounded the fissure, most of them penetrating the serous layer only. The lesion was situated upon the anterior surface of the uterine body, below the zone of contraction; the placenta was inserted on this same anterior portion. There was no organic alteration of the muscular tissue. Dr. Maygrier is of the opinion that the solution of continuity due to the direct traumatism existed before the patient was taken to the hospital, and that the jolting of the carriage enlarged the wound and caused contractions, etc., which resulted in hæmorrhage, causing the death of the patient. Incomplete ruptures are of rare occurrence,—they usually occupy the internal surface of the uterus; peritoneal fissures are most frequent. (M. Duncan.) This class of accidents is most frequently caused by blows or falls. Nevertheless, according to Spiegelberg, Simpson has seen it produced by hyperdistension of the womb, caused by an intra-uterine injection intended to hasten labor. It has even been pretended that such ruptures occur spontaneously. In a case quoted by Clarke, there were present more than sixty fissures on the posterior surface of the uterus.—*Communication to the Obstetrical Society of France.*

Depressions and Fractures of the Cranium in the Fœtus during Labor.—LELIÈVRE states that depressions and fractures generally occur on that portion of the vault of the cranium which was in contact with the promontory, or sometimes—but this rarely—with the superior edge of the pubis. There are, however, cases in which the bones which are in connection with the sacro-vertebral angle are so thick and so solid that they resist, while other bones, with less resistance, at some distance away, are fractured,—even those at the base of the skull. The author successively studies the causes and the mechanism of fractures: (1) when the labor is simple and the pelvis normal; (2) when labor is simple and the pelvis abnormal; (3) in artificial labor with the aid of forceps; (4) in artificial labor by version.

1. Mechanism of depressions and fractures when labor is simple and the pelvis normal. These lesions occur whether the pelvis be normal or defective. They may occur in simple labor with normal pelvis if the head of the child is not sufficiently ossified, the musculature of the mother too powerful, or the perineum too rigid. They are facilitated by uterine deviations, defective engagement, or the precedence of a member. If, finally, there is twin-pregnancy, the head of the second fœtus may compress and depress the head of the first, which has already been known to emerge from the anus. (Budin.)

2. Simple labor, with abnormal pelvis. Two forms are to be considered: (*a*) With contracted pelvis. In these cases, according as the head is engaged transversely or obliquely, the depression due to the promontory will occur on the posterior parietal or frontal region; in such cases rotation will induce a longitudinal furrow (early rotation). (*b*) With pelvis simply flattened. Here the lesion always occurs in the parietal region, as the head is engaged transversely. Exostoses, spinous pelvis, or kyphotic pelvis may also cause depressions and fractures.

3. The forceps in artificial labor may also be the direct cause of fracture, if badly handled. Most frequently it is but a secondary cause, the direct agent being the sacro-vertebral angle.

4. With regard to version, the author calls to mind the experiments of Budin, confirmed later by those of Champatier, of Ribes,—experiments which prove that there would be a parietal or frontal fracture, according to whether the head be more or less large, at the full term or before. The fractures are, therefore, produced at the moment that the head emerges from the superior strait. Frontal depressions are more serious than parietal depressions. With moderate attention, the diagnosis is easily made. Sometimes, at the moment that the head traverses the stricture, the operator feels a *ressault*. As a treatment, certain authors have recommended cupping. Boissard recommends the use of an elevator to draw up the depressed bone. This intervention, which may be dangerous, is generally of no avail, and should only be resorted to in extreme cases.—*Thesis*, Paris, 1892.

Retrospective Diagnosis of Placenta Prævia.—Dr. P. Budin states that the examination of the after-birth after parturition usually enables us to make the diagnosis of placenta prævia. When the placenta is found inserted deep in the uterus (since the opening in the membranes usually corresponds with the uterine orifice), there exists considerable distance between this opening and the edge of the placenta. If, on the contrary, the placenta is inserted upon the inferior uterine segment, the rupture of the membranes extends to the edge of the placenta, or very nearly so. It is, however, important to be precise. Let us suppose, for instance, that the placenta is placed upon the posterior wall, from eight to ten centimetres away from the uterine orifice; if the rupture has occurred directly from the front to the back,—that is to say, perpendicularly upon the edge of the placenta,—it will end near this organ, and there will be little or no interval between the extremity of this rupture and the placenta. If, on the contrary, the rupture was from right to left,—that is to say, parallel with the edge of the placenta,—it will remain

at a certain distance from the mass of the cotyledon, and there will exist a considerable shred of membrane between the rupture and the placenta. This experiment may be easily made upon the convex surface of an egg, or any other more voluminous sphere. When the placenta is found near the uterine orifice, if the rupture is perpendicular with the edge of the placenta it will reach the cotyledon; if it has occurred parallel with the edge of the placenta, there will remain a more or less narrow band of membrane between the opening in the membranes and the edge of the placenta. The rupture may be oblique; it will then more or less approach the perpendicular or parallel rupture at the edge of the placenta. We are thus of the opinion that, in order to establish a retrospective diagnosis of placenta prævia upon examination of the after-birth, it is important to study with care the direction which the rupture of the membranes takes.—*Communication to the Obstetrical Society of France.*

Germany.

DR. JULES MOREL,
REDACTEUR-CORRESPONDENT FÜR PERIPHERISCHE NERVENKRANKHEITEN UND PSYCHIATRIE.

Alle Bücher, Thesen, separatabdrücke, etc., über obengenannte Gegenstände, in deutscher Sprache erscheinend, sollen Herrn

DR. J. MOREL,
Hospice Guislain,
Ghent, Belgien,

zugesandt werden.

A Typical Case of Tabes Dorsalis and of Central Glioma.—DR. NONNE, the author, had occasion to observe a patient who was undoubtedly infected by syphilis; he was suffering from typical tabes, and anatomical examination did not establish any degree of distinction between his trouble and typical sclerosis of the posterior columns, which is not of syphilitic origin. Microscopical examination also showed the integrity of the medullar vessels and the spinal meninges. The autopsy also brought to light certain syphilitic lesions, notably, a specific modification of the basilar artery; there existed, also, central gliomatosis of the spinal cord, which, at certain points, presented a local connection with the degenerated posterior columns of the cord, and, consequently, indicated the supposition of a genetic relation between them and the gliomatous proliferation of the medullar portions which had undergone a tabetic modification.—*Arch. für Psych. u. Nervenkr.*, vol. xxiv, No. 2.

A Case of Lesion of Several Cranial Nerves of Chemico-Traumatic Origin.—PROF. J. STEINER reports the history of a female patient, aged 20 years, afflicted, since early youth, with tuberculous ganglions on the right side of the neck who was subjected to treatment by parenchymatous injections of a solution of iodoform and formate of soda in glycerin. During a period of fifteen days two injections were made,—one into the ganglia situated immediately above the right ear, and another into those located in front of the ear on the same side. Five injections were made without accident; the sixth was complicated with stertorous breathing. Respiration having become normal, several cranial nerves were found affected; there was, also, paralysis of the lower and middle portion of the facial nerve, deviation of the tongue toward the right, difficulty of mastication and deglutition; voice hoarse, with paralysis of the vocal cords on the right side; sensation of the

tongue and mouth normal. The upper laryngeal nerve was affected (deglutition difficult, owing to excitation of the nerve on the right side). The author believes that there were lesions of the respiratory branch of the pneumogastric and of the heart; but he was unable to establish this fact, owing to the sufferings of the patient. There was degenerative reaction of all the muscles accessible to examination. There were, besides the lesion of the facial nerve, lesions of the hypoglossal and of the superior and inferior laryngeal nerves on the right side. The diagnosis pointed toward the most serious form of rheumatic facial paralysis. Galvanization of the muscles resulted in a general cure of the laryngeal nerves and a considerable amelioration in the condition of the hypoglossal and facial nerves. The tongue was still slightly twisted, and the frontal muscle did not respond to the galvanic current.—*Archiv für Psychiatrie u. Nervenkr.*, vol. xxiv, No. 2.

A Special Form of Paræsthesia of the Extremities.—Dr. Leop. Laguer, of Frankfort, has, during several years, made observations upon a series of cases in which attacks of torpor and rigidity of both hands and forearms were prominent symptoms. Acute sensations of pricking and burning not limited to certain nervous regions, which were diffuse, extended over the entire cutaneous surface, considerably increased during the night, and frequently to such a degree that they caused pain and insomnia. These sensations occurred spontaneously or immediately after any hard work, and were sometimes caused by thermic irritation.

Objective anæsthesia, sensation of pain in the plexus and nervous trunks, motor troubles, electric anomalies, and true vasomotor phenomena did not occur in these cases.

Among the twelve cases observed by the author, the majority of which were women, there were no hypochondriacal or hysterico-nervous predispositions; the sensations could not be considered as precursory symptoms of any affection of the central nervous system (cervical pachymeningitis, syringomyelitis, or multiple neuritis).

Laguer considers this nervous sensibility as a form of neurosis, caused by fatigue in the case of women who have a great deal of manual labor and domestic work to do, and who have a certain predisposition to anæmia. This malady is very persistent; however, galvanic treatment, hydropathy, or even the use of the ether spray may result in complete recovery or decided amelioration of the symptoms.

Schültze and Winscheid have observed analogous cases.—*Archiv für Psych. u. Nervenkr.*, vol. xxiv, No. 2.

Nephritic Chorea.—Prof. Thomas, of Leipzig, reports a case of nephritic chorea in an anæmic boy aged 14½ years, who had probably not been affected by chorea or nephritis before, and in whom, three weeks after the symptoms of chorea began, dropsy and nephritis presented themselves. What is most remarkable in this case is the fact that, consequent upon treatment for the nephritis, the dropsy and renal affection disappeared, and the choreic movements as well. It is probable that, in this case, there was an etiological relation existing between the chorea and the nephritis, and that the first-named

affection must be considered as a disturbance of the co-ordination centres, resulting from an intoxication caused by the retention of urine, as chorea also presents itself after a rheumatic or infectious malady.—*Arch. für Psych. u. Nervenkr.*, vol xxiv, No. 2.

Two Cases of Polyneuritis.—Dr. Gilbert reports two cases of polyneuritis. One of the cases was of infectious, the other of toxic, origin. The case of infectious polyneuritis occurred in a male, aged 55, who, after a very violent moral emotion, was attacked by an acute form of polyneuritis in the guise of peliosis rheumatica (purpura), accompanied by the phenomena of an acute infectious malady. In this case were observed pronounced atrophy, accompanied by great diminution in weight (the patient being above ordinary size and strongly built, and only weighing 37.5 kilos.), and an exacerbation without fever occurring after a cold, terminating in death, at the end of several hours, from paralysis of the respiratory centres.

The case of toxic polyneuritis occurred in a woman who had attempted suicide by taking arsenite of copper. The neuritis was very acute. This case was characterized by the total absence of atrophy and by the great predominance of the symptoms upon one-half of the body. In both cases, notwithstanding the severity of the other symptoms, those of objective sensibility were very slight, which would confirm the opinion of Barr, that these etiological factors are of a selective form, which, while following the course of the same nerves, readily attack the motor and spare the sensitive fibres, —*Archiv für Psych. u. Nervenkr.*, vol. xxiv, No. 2.

Mexico.

Dr. F. Semeleder,
Redactor-Correspondiente por la Literatúra Mexicána.

Todos los periódicos médicos, libros, tesis, monografías, etc., publicados in Mexico deben ser enviádos al Señor

Dr. F. Semeleder,
2a de las Damas,
Ciudad de México.

The Blood in Pregnancy.—Dr. F. Zarraga has studied the blood of 20 pregnant women, using Potain's sphygmomanometer. Tension average, 19.3; highest, 27 (1 case); lowest, 13 and 14 (1 case each); normal, 15 (1 case). To ascertain the amount of hæmoglobin, Fleischl's hæmometer was used. The average was found to be 67.2, no one reaching the normal 100. To estimate the number of red corpuscles the author used the method of Thoma and Zeiss,—solution of sodium chloride, 3 per cent. (Jaksch). Dr. M. Cordero, in 1885, examined the normal blood of Mexicans in that respect, and found an average of 4,500,000 per cubic millimetre. The author found an average of 5,111,000; below the average, 3 cases (the lowest, 3,200,000); above the average, 17 (highest, 6,400,000). In order to count the white corpuscles the author first destroyed the red corpuscles, following the example of Sappey and Jaksch. He found the average to be 7405; the highest, 20,000; the lowest, 3200. Dr. Cordero has found an average of 5923. Eight of the women examined reached this average, 12 passed it; omitting the 1 exceptional case of 20,000, the 11 remaining gave an average

of 6205. The quantity of blood is increased, the red cells are present in greater number, and they contain less hæmoglobin, but the whole amount of hæmoglobin is not diminished.—*Gaceta médica de México*, vol. xxviii, p. 259.

Spondylolysthesis Pelvis.—Dr. F. Hurtado reports a case of spondylolysthesis pelvis. It was a shoulder presentation, with premature rupture of the membranes and loss of the amniotic liquid. After several attempts to perform version, rupture of the uterus took place at its vaginal insertion. Laparotomy and abdominal hysterotomy were followed by death.—*Revista médica de México*, vol. v, p. 169.

Pain.—Dr. F. Semeleder disserts lengthily on this subject, which seems to be familiar to him. He particularly insists upon two points, viz.: the "*points douloureux*" of Valleix cannot be due to inflammation of the periosteum or fascia through which the nerves pass, because pressure on these places as often provokes pain as it soothes it, and because of the almost mathematical regularity of the attacks. Sometimes, during one or more days, there will be an attack of pain that lasts,—say, half a minute; then an interval of a certain length and again a pain, and so on, with differences of two or three seconds only.—*Gaceta médica de México*, vol. xxviii, p. 300.

Tumor of the Lower Maxilla.—Dr. F. Bernaldez reports a case of tumor of the right half of the lower maxilla. It was the size of a big walnut, and consisted of a hard, bony substance, with smooth and shining surface, like dental enamel. No molar teeth had ever come out at the spot.—*Revista médica de México*, vol. v, p. 250.

Cæsarean Section for Carcinoma of the Uterus and Vagina.—Dr. J. T. Capetillo reports a case of Cæsarean operation for cancer of the vagina and lower part of the uterus. The fœtus (seven months) was born alive; the mother died.—*Revista médica de México*, vol. v, p. 49.

Statistics of Typhus Fever.—Dr. M. Soriano gives the following statistics of typhus fever, in the municipal hospital of Juarez, from July 1, 1891, to June 31, 1892:—

Patients admitted: Male, 933; female, 387; total, 1320.
Deaths: Male, 241; female, 114; total, 355.
Maximum number of cases, 284 (January); minimum, 45 (November).
Maximum mortality (8 per cent.), 28 (April); minimum, 8 (September).

Ages of Patients on Admission.

2 to 5 years,	2
10 to 20 years,	198
20 to 30 years,	368
30 to 50 years,	292
Over 70 years,	3
Unknown,	457

Previous condition: Minors, 35; single, 802; married, 35; not stated, 448.

The prevailing forms were: In men, adynamic, ataxo-adynamic, mild, and ataxic; in women, adynamic, mild, ataxo-adynamic, ataxic, and hæmorrhagic (only 1 case).—*Gaceta médica de México*, vol. xxviii, p. 345.

Poland.

DR. C. SZADEK,
Redactor Korespondent z działu polskiej literatury tyczącej się: Chirurgii ogólnej; dermatologii; syphilografii; chorób chirurgicznych (tężec, wodowstręt, itd.).

Wszystkie pisma lekarskie, dzieła, rosprawy, monografije, itd., w języku polskim wydane, a tyczące się przedmiotów powyższych, winny być nadsyłane pod adresem

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Mercury and the Blood in Syphilis.—BIEGANSKI concludes that syphilis has no effect in altering the number of red blood-corpuscles; that it increases the number of white blood-corpuscles, particularly the small mononuclear lymphocytes; at the same time, the number of the polynuclear white blood-corpuscles diminishes. The hæmoglobin of the blood is distinctly lessened in quantity. On the administration of mercury the blood is markedly changed. This, however, is dependent upon the greater or less thickness of the blood, and is not due to any change or alteration in the nourishment of the patient. Mercury reduces the number of white corpuscles, and renders the relations between the white and red almost normal. It is particularly the mononuclear white corpuscles that are diminished in number, the polynuclear cells again becoming more numerous. The quantity of hæmoglobin is distinctly increased by the administration of mercury.—*Przeglad lekarski*, 1891, Nos. 29–31.

Leucoderma Syphiliticum.—UHM observed several cases of leucoderma in the female during the secondary stage of syphilis. With special regard to this disease, the author examined all syphilitic patients admitted to Dr. Krówczynski's clinic, in the Communal Hospital of Lemberg, during two years. Of 401 women, 157, or about 40 per cent., had leucoderma. The disease was characterized by light-colored, round or oval spots. The intervening skin ordinarily was the seat of a dark pigmentation. The affection is very chronic, and may last for several months (two to twenty). The disease is decidedly of syphilitic origin.—*Przeglad lekarski*, 1892, Nos. 18, 21.

Diaphtherin as an Antiseptic Dressing Material.—KLECKI has examined the comparative antiseptic action of various drugs on the staphylococcus aureus, and has found that the vitality of the microbe is destroyed by a 1-per-cent. solution of carbolic acid, creolin, and thymol; a 3-per-cent. solution of aseptol; a 0.3-per-cent. solution of boric and salicylic acid; a 5-per-mille solution of salicylic acid and of lysol; and a 2-per-mille solution of diaphtherin. The author warmly recommends diaphtherin as a most valuable antiseptic agent, which possesses the great advantage of never causing any exanthemata and being altogether free from any toxic properties. —*Gazeta lekarska*, 1892, No. 34.

Cocaine as a Surgical Anæsthetic.—GABRYSZEWSKI has employed cocaine anæsthesia in the clinic of Professor Rydygier in several hundred cases, and not only in cases of minor operations, but also in those of herniotomy, exploratory abdominal section, extirpation of glands, certain operations on bones, etc. The author uses a 2.5-per-cent. solution, injecting up to 0.05

gramme ($\frac{3}{4}$ grain) of the alkaloid when operating on limbs, but never exceeding 0.02 gramme ($\frac{1}{3}$ grain) in operations about the head. Even operations on bones can be made totally painless by means of these injections. Cocaine anæsthesia offers the advantage over chloroform narcosis in that the patient's consciousness is left intact, and its use is without danger, provided, of course, the procedure is carried out by experienced and competent hands.—*Gazeta lekarska*, 1892, No. 33.

Poland.

Dr. J. Drzewiecki,

Redaktor Korespondent z działu polskiej literatury tyczącej się: Medycyny ogólnej i lecznictwa; pediatryi; akuszerzyi; ginekologii; laryngologii; otologii; hygieny; demografii; medycyny sądowej; histologii; patologii; bakteryjologii; anatomii; fizjologii.

Wszystkie pisma lekarskie, dzieła, rosprawy, monografije, itd., w języku polskim wydane, a tyczące się przedmiotów powyższych, winny być nadsyłane pod adresem

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The Use of Creasote by Enema in Phthisis.—Drs. Chrostowski and Wislocki, in order to verify the favorable action of creasote, so highly recommended for the treatment of phthisis, have administered it, in the Hospital of St. Roch, at Varsovie, to patients presenting various forms and stages of phthisis. In their work we find the history of fourteen patients, to whom had been administered about eight hundred enemas. The quantity of creasote administered was from 1 to 4 grammes daily. The definite conclusions arrived at by the authors are as follow: 1. That enemata are very convenient as a means of administering creasote in large quantities. 2. That the results obtained in the treatment of phthisis with large doses of creasote speak in favor of the theories of Seixert and Höllszer, who consider this remedy as an effective means of neutralizing the pernicious influence of tuberculous toxins on the organism. 3. That all forms of phthisis cannot be treated with large doses of creasote. The best results are reached in those cases which develop rapidly when nutrition still exists, though considerably diminished; it may also serve for the fibrous form where there is complete failure of nutrition. 4. That in gradually administering augmented doses of creasote the appearance of a greenish color of the urine should serve as an indication.—*Gazeta Lekarska*, 1892, Nos. 35–36.

The Methods of Quantitative Analysis of Hydrochloric Acid in the Gastric Juice.—Drs. Opienski and Rozenzweig, from the results of comparative experiments, conclude that, for the detection of hydrochloric acid, Hehner-Seeman's method is the most exact. For testing the reaction, however, a solution of litmus must not be employed, but litmus-paper. Sjöquist's method is complicated, and not very exact; Mintz's method, according to their opinion, has no diagnostic value; and they recommend only Seeman's method, which, in one and the same examination, gives us the acidity of the stomach in general, the amount of hydrochloric acid and of the fatty acids. —*Przeglad Lekarski*, 1892, No. 35.

Roumania.

DR. KIRIAC,
REDACTOR CORRESPONDENTE PENTRU LITERATURA ROMÂNA.

Tóte ziarele med'cale, cartile, thesele, monographiele, etc., tiparite in limba româna, se vor trimite Domnului
DR. KIRIAC,
Strada Primaverei,
Bucuresti,
România.

Fibromyomata and Arterio-Sclerosis.—LUCRITIA MOSCHUNA reports seven cases in which a full physical examination of the patient, as well as sphygmographic records, have shown that uterine fibromyomata occurred in women affected by generalized arterio-sclerosis. On the other hand, histological study of the vessels of the uterus affected by myoma showed the sclerotic evolution which they underwent, and the author questions whether, in the majority of cases, a relation of cause and effect between arterial dystrophia and the uterine tumor must not be admitted.—*Annales de l'Institut de Chirurgie de Bucharest*, vol ii, 1892.

Uterine Sutures.—ANDRIESCU, in this critical and experimental study, accompanied by plates, demonstrates the advantages and disadvantages of the various modes of suture of the uterus. In this work the author lays down the following precepts:—

1. Schroeder's suture is suited to small and not very vascular pedicles.

2. When, after hysterectomy, there remains a pedicle of moderate size and not of a very vascular nature, the subperitoneal suture of Zweifel (2d form) may be used.

3. When highly vascular tissue is involved, forming a large pedicle, the elastic ligature not only serves to prevent hæmostasis by performing the office of an actual band of Esmarch, but this ligature also represents the only process which prevents secondary hæmorrhage. The direct application of the elastic tube after preliminary separation of the peritoneum (Schwartz's procedure) is to be preferred to the supraperitoneal ligature.—*Thesis*, Bucharest, 1892.

Experimental Varix.—TZONCIN has attempted to produce experimental varices in dogs by section (on one side) of the chain of the abdominal sympathetic. Of the dogs operated upon, the animals were killed eight, seventeen, two hundred and thirty-six, and two hundred and fifty-six days after the operation, by laparotomy, on the nerves and ganglions of the great sympathetic which extends along the side of the spinal column.

The microscopic examination was particularly directed to the saphenous veins; the veins of the side operated upon were compared with those on the healthy side. At the autopsy minute dissection showed, in general, that the veins on the operated side were more sinuous and of larger calibre; the dilated veins being, at certain points, double the size of their healthy counterparts. The microscope showed augmented volume of the arterial vasa vasorum (small vessels supplying walls of other vessels), as well as a thickening of their walls on the operated side; diminution of those nerve-fibres not surrounded by myeline in the nervous branches on the same side; but this fact, observed upon transversal section, is not conclusively proven; conjunctive proliferation having sensibly modified the texture of the middle and external nerve-membranes, the internal tunic remaining intact.—*Annales de l'Institut de Chirurgie de Bucharest*, vol. ii, 1892.

Therapeusis.

Abscess (Cold).
Draw off pus with sterilized trocar and cannula; wash out cavity with: ℞ *Naphthol*, 10 pts.; *aq. dest.*, q. s. ad. 100 pts.; *alcohol* (90°), 5 pts. M. Then inject *iodof.-oil*, 10 pts.; *sterilized olive-oil*, q. s. ad 100 pts. M. Sig.: Continue injection until there is a return flow. Then close puncture with *iodof. collodion*, and apply bandage with mod. compression. 2 or 3 injections usually sufficient. (Redard, *Gaz. méd de Strasbourg*, Sept., 1892.)

Hepatic. Free incision and drainage are best. Aspiration is unsatisfactory and not entirely free from danger. (Wm. C. Dabney, *Am. Journ. Med. Sci.*, Aug., 1892.)

Alopecia Areata.
Paint edges of patch with: ℞ *Hydrarg. bichlor.*, gr. v (0.33 grm.); *ac. salicyl.*, ʒj (4 grms.); *collodii*, ℥j (30 grms.). M. After blister is formed, apply *hydrarg. salicyl.* and *lanolin*. (R. B. Morison, *Journ. of Cutan. and Genito-Urinary Diseases*, Dec., 1892).—*Sol. ac. carbolic.* (1-4) locally; in children use same (1-8). (F. B. Greenough, *ibid.*)

Bronchitis (Putrid).
Tinct. eucalypti, ʒss (2 grms.) daily, in a gummy mixture. (Bucquoy, *Merck's Bulletin*, Dec., 1892.)—*Sodium thio-sulphate*, ʒj (4 grms.) daily, in a julep. (Lancereaux, *ibid.*) —*Phenol* inhalations, and *ac. carbol.* vapor in sick-room. (C. Paul, *ibid.*)

Burns.
Dermatol dusted on in a thin layer. (Werther, *Deut. med. Woch.*, 1892, No. 25.)

Cholera Asiatica.
In Adults. In initial stage: ℞ *Morphinæ sulph.*, gr. ij (0.13 grm.); *apts. camphoræ*, ʒj (30 grms.). M. Sig.: 15 minims ev. 3 or 4 hrs. by mouth, or hypod. in severe cases. In collapse: ℞ *Morphinæ sulph.*, gr. x (0.64 grm.); *atropinæ sulph.*, gr. j (0.064 grm.); *aq. dest.*, ℥x (40 grms.). M. Sig.: 5 to 10 drops hypod. p. r. n. (Nakamura, *Pacific Record*, Dec. 15, 1892.)—In threatened collapse: ℞ *Strychn. sulph.*, gr. ¼ (0.016 grm.); *ac. sulph. dil.*, ʒss (15 grms.); *morphinæ sulph.*, gr. ij (0.13 grm.); *aq. camph.*, ʒiiiss (100 grms.). M. Sig.: A teaspoonful ev. hr. or two, well diluted. (Bartholow, *Pacific Record*, Dec. 15, 1892.)—*Salol* by mouth, in full doses; water acidulated with *ac. hydrochloric* or *ac. sulphuric* to drink; careful and thorough enterocylsis with *ac. tannic*. *Camphor* and *ether* as diffusible stimulants when needed; if blood becomes thickened by purging, hypodermoclysis of *normal-salt solution*. (H. A. Hare, *N. Y. Med. Journ.*, Oct. 29, 1892.)

In Children. ℞ *Sod. phosphat.*, gr. lxxv (5 grms.); *sod. sulphat.*, ʒiiss (10 grms.); *aq. destil.*, ℥iii ʒj (100 grms.). M. Sig.: Inject subcutan. 75 minims (5 grms.); one injection usually sufficient. (E. Luton, *Rev. génér. de clin. et de thérap.*, Sept. 21, 1892.)

Croup.
℞ *Ol. terebinth.*, ♏xxx (2 grms.); *olei vaselini*, ʒiiss (10 grms.). M. Sig.: Inject hypod. syringeful m. and evng. into supra-spinous fossa; also, ℞ *Ac. lactici*, gr. xlv (3 grms.); *syr. tolu.*, ℥v (150 grms.). M. Sig.: Teasp. p. r. n.; also, ℞ *Ac. carbol.*, gr. xv (1 grm.); *alcoholis* (90°), *chloroformi*, ℥ss ʒiiss (10 grms.). M. Sig.: A teaspoonful, by inhalation, every hr. (Bonain, *Rev. de laryng., d'otolog. et de Rhin.*, Aug., 1892.)

Cystitis.
Salophen, gr. xlv-xc (3-6 grms.) per diem by mouth; also, inject into bladder: ℞ *Salophen*, gr. xv (1 grm.); *alcoholis*, ʒiiss (10 grms.); *aq. destil.*, q. s. ad ℥. Oj (500 grms.). M. Sig.: Use after washing out the bladder with plain water. (J. Frohlich, *Wien. med. Woch.*, 1892, No. 25.)

Diarrhœa.
Adult. *Dermatol*, gr. xlv (3 grms.) daily, to be taken in 3 to 8 doses. (Max. daily dose was gr. xc—6 grms.). (Colasanti and Dutto, *Wien. med. Woch.*, 1892, No. 28.)

Infantile. ℞ *Bism. salicyl.*, ʒj (4 grms.); *naphthol*, gr. vj (0.40 grm.). M. ft. chart. no. xij. Sig.: A powder ev. 3 hrs. (Graham, *Ann. of Gyn. and Pæd.*, Nov., 1892.)

Dysentery (Malarial).
Quin., gr. vj (0.40 grm.) morn. and evening, with ℞ *Ammon. chloridi*, gr. v (0.33 grm.); *pulv. ipecac.*, gr. v. (0.33 grm.); *tinct. opii*, gtt. x-xv. M. Sig.: To be taken ev. 2 hrs. The amt. of laudanum determined by pain; if very severe or obstinate, add *morphia*. For diet, only milk alone or with *lime-water*; sago may be added. Use freely cool (not iced) water for thirst. (Judson Daland, *Therap. Gaz.*, Dec. 15, 1892.)

Eczema (Chronic, of the Hands).
℞ *Ichthyol.*, *ammoniac.*, ℥ss 1 to 3 pts.; *glycerin.*, *dextrin.*, *aq. dest.*, ℥ss 10 pts. Heat slightly and mix. (Unna, *L'Union méd.*, Nov. 26, 1892.)

Enterocolitis (Infantile).
℞ *Bism. subnitr.*, gr. v (0.33 grm.); *tinct. opii deod.*, ♏ss (0.03 grm.); *apts. ammon. arom.*, ♏v (0.33 grm.); *sodii salicyl.*, gr. ss (0.03 grm.); *mist. cretæ*, q. s. ad ft. ʒj. M. Sig.: teasp. ev. 2 hrs.; if under 2 yrs., dilute with eq. quan. water. (J. Gillespie, Jr., *Ann. of Gyn. and Pæd.*, Nov., 1892.)

Erysipelas.
Ichthyol collodion (10 %) applied over and beyond affected portion. (Sachs, *Tribune Médicale*, Dec. 8, 1892.)—*Terebinthine* applied with c.-h. pencil; then cover with cotton. (Luigi d'Amore, *ibid.*)—℞ *Tannin*, *camphor*, ℥ss 1 pt.; *sulph. ether*, 8 pts. M. Sig.: Apply ev. 3 hrs.; or, *sol. fuchsin* (1 %) applied locally. (Casagaussi, *ibid.*)—Paint the parts with *tinct. iodi* 3 or 4 times daily; *iodoglycerin* for mucous surfaces. (Tichomirow, *ibid.*)—*Aconitine*, gr. 1-640 (0.001 grm.), intern. ev. 2 hrs. (Fl. Bourbon, *ibid.*)—*Pilocarpine*, gr. 1-12 to 1-5 (0.005 to 0.025 grm.). (Halo, *ibid.*)—℞ *Cocaine*, gr. iv ss; *ol. theobrom.*, ʒss (15 grms.). M. Sig.: Apply with friction. (Hacker, *ibid.*)—*Sol. of sublimate in ether* (1 %) applied in spray. (Talamon, *ibid.*)—Dissolve a few crystals of *sod. hyposulphite* in a few drops of water, then slowly add *tinct. iodi* until milky fluid (*sulph-sodium iodide*) results. Apply by c.-h. pencil at once to affected area: repeat 3 times daily. Also, give large doses of *iron* and *quinine*. (E. A. Schlitz, *communicated.*)

Intertrigo.
Dermatol as dusting-powder. (H. Isaac, *Deut. med. Woch.*, 1892, No. 25.)

Lupus.
Curettage; cauterize with *argent. nitr.*, cover immediately with *iodof. collodion* (1 to 10); repeat daily. (P. A. Chlapolersky, *Roussk. med.*, 1892, No. 12.)—Apply *cocaine sol.* (5 %); then inject sol. *zinc chloride* (10 %) at several points. (J. J. Feodoroff, *Vratch*, 1892, No. 27.)—*Thio-sinamine sol.* (15 % to 20 %) in *alcohol*, ♏ij (0.2 c.cm.), hypod. into the back, 2 or 3 times a week. (Hebra, *Merck's Bulletin*, Dec., 1892.)

Metrorrhagia.
Inject hypod. *hydrastinin*, gr. ¾ (0.05 grm.) p. r. n. (Faber, *Lancet*, Dec. 10, 1892.)

Otorrhœa.
In acute and some chr. cases, syringe ear with *sat. sol. ac. boric.*; in chr. cases, if inefficient, use copious warm syringing, once daily, with *bichloride solution* (1 to 8000). (Theobald, *Ther. Gaz.*, Dec. 15, 1892.)

Pleurisy.
When effusion is quite recent: *sod. salicyl.*, gr. xlv-lx (3 to 4 grms.) per diem, in divided doses. If aspiration is needed, remove only a portion of the fluid. Also useful in pericarditis. (Edgren, *Lancet*, Dec. 10, 1892.)

Pneumonia.
Ergotin, gr. j (0.064 grm.), hypod. ev. 2 hrs. In stage of congestion. (G. G. Van Schaick, *Merck's Bulletin*, Dec., 1892.)

Pregnancy (Extra-uterine).
Entire removal of sac and contents by laparotomy. If impossible, on account of severe hæmorrhage, sew peritoneum in a manner to prevent rupture of sac into abdom. cavity. (Chrobak, *South. Cal. Pract.*, Oct., 1892.)

Pruritus Vulvæ.
Arg. nitras, even solid stick, to affected area. *Cocaine sol.* (4 % to 10 %) loc. during paroxysm. *Ac. carbol. oint.* or *sol.* (5 % to 10 %). *Sat. sol.* of *iodof.* in *ether* by spray. (H. A. Hare, *International Med. Mag.*, Dec., 1892.)—*Ac. carbolic.* and *tinct. iodi*, ℥ss p. aq., used in spray. (Skene, *ibid.*)—*Goulard's lotion*, with ½ *laudanum*, applied with hot water, the mucous membrane to be kept apart by cloths saturated with this lotion; also, hot vaginal douche of *sublimate sol.* (1 to 4000) in hot water. (J. M. Keating, *ibid.*)

Psoriasis of Scalp.
℞ *Saponis mollis*, *vaselini*, ℥ss 20 pts.; *ichthyol*, 2 pts.; *ac. salicylici*, *ac. pyrogallici*, ℥ss 1 pt. M. Sig.: Apply every day to the affected parts; if too much irritation is produced, stop. (Besnier, *L'Union méd.*, Dec. 1, 1892.)

Rheumatism.
Salipyrin, gr. lxxv (5 grms.) daily, in divided doses. (Treschtenberg) *Vratch*, 1892, No. 18.)—*Salophen*-ʒiss (6 grms.) per diem. (J. Frohlich, *Wien. med. Woch.*, 1892, No. 25.)

Tuberculosis.
Laryngeal. *Menthol.*, ʒi¼-ij (5 to 8 grms.); *bals. Perus.*, ʒi¼-iiss (5 to 10 grms.); *alcohol.*, ʒiiss-iii¾ (10 to 15 grms.); *aq. destil.*, ℥x (300 grms.). M. Sig.: Use in atomizer. (Cozzolino, *Le Progrès Médical*, Oct. 22, 1892.)

Pulmonary. *Pyoktanin* sol. (1 to 500) injected into the lung. (Peteruti and G. Mirto, *Rif. med.*, Feb. 1, 1892.)—In initial stage: General ablution with ice-water. (Aberg, *Vratch*, 1892, No. 30.)—*Tartar emetic*, gr. iss-ii¼ (0.10 to 0.15 grm.) at first; rapidly descend to gr. ¾ (0.05 grm.) daily, in a gummy mixture containing *opium*. (Bucquoy, *Merck's Bulletin*, Dec., 1892.)—℞ *Creasoti* (*beech-wood*), ♏xlv (3 grms.); *glycerini*, ʒj (30 grms.); *aq. dest.*, q. s. ad ℥ij (60 grms.). M. Sig.: ʒj (4 grms.) t. i. d. Or, ℞ *Creasoti* (*beech-wood*), ʒj (4 grms.); *tinct. gentian. co.*, ℥ij (8 grms.). M. Sig.: ♏xv (1 grm.) t. i. d. Or, ℞ *Creasoti* (*beech-wood*), ℥ss (2 grms.); *bism. subnitr.*, ʒj (4 grms.). M. et ft. caps. no. xv. Sig.: One ev. 4 hrs. (H. S. Stark, *Therap. Gaz.*, Dec. 15, 1892.)

Editorials.

INTRODUCTION.

In the last issue of the Satellite we announced its forthcoming transformation. May the Universal Medical Journal prove worthy of universal patronage!

The side-block system—*i.e.*, the marginal indications for authors, editors, and publishers introduced in the abstract pages—will, it is hoped, develop to the maximum of possibility the results to be derived from the work of gathering and collating the medical literature of all nations. Sent everywhere, the Journal will act as the messenger of its great parent-work, the Annual, to visit each country in turn, and indicate to its physicians, in their own language, how and where their contributions should be sent for perusal. Bacon said: "Some books are to be tasted, others to be swallowed, and some few to be chewed and digested." All works received will be tasted; justice and sincerity will guide the selection.

It will be observed that the dimensions of the Journal have been adjusted to those of the Annual. The twelve numbers of each year, properly bound, will form a companion volume to the five of the larger work; a feature of importance, considering the fact that much of the material presented in the former—the original articles, the therapeutic columns on page 25, and the least important of the abstracts—will not appear in the Annual.

The practicing physician will, it is hoped, derive much assistance from the hints in the three columns of therapeutic notes. Our Associate Editor, Dr. Witherstine, has this department under his special charge, and his unusual ability and conscientiousness will make it a source of information as reliable as it will be complete. The corresponding section in the general index of the Annual has been frequently recognized as the most elaborate periodical *résumé* of practical medicine that has ever been attempted. The addition of the thirty-six columns of the Journal will still increase the field of usefulness of the united publications, and afford a continued source of *practical* assistance, and that in a form instantly available.

It is hoped that these editorial advances will not be relegated to the level of mere business enterprise. A higher aim is coveted; and, if patronage is solicited, if authors, editors, and publishers are urgently requested to contribute their share by sending their articles, monographs, theses, books, etc., for perusal, annotation, and quotation, they are merely asked for an opportunity to carry what *they* may have contributed to the welfare of humanity to its ultimate field of action,—the bedside.

The February issue will contain a chart giving all necessary indications as to where publications are to be sent.

THE SURGEON-GENERALSHIP OF THE UNITED STATES NAVY.

It is but fair that the members of the Associate and Corresponding Staffs of the Annual and its companion sheet, the Universal Medical Journal, should receive from the editorial helm every atom of support that pen and ink, direct and indirect personal effort can procure. But had Dr. Albert L. Gihon never been a member of the Associate Staff, he would, nevertheless, have received the Journal's unqualified indorsement. He has not even whispered to us that he was next in the line of promotion; he has never mentioned as much as a hope that he would some day reach the apogee of his career. He probably felt, as we do, that if the opportunity presented itself, and that he should still be available,—on the good side of the inexorable sixty-two,—justice would see him obtain what, in all fairness, he is so eminently fitted for. Let us express our views at once: The Navy has never had a better candidate for its supreme medical office; abroad and at home he has been an honor to his profession, military and civil.

When Gihon was tendered a place on the Editorial Staff of the Annual, he had earned his spurs as a practical man, as an earnest, conscientious, worker. More than all, he had been appreciated for his humane qualities, for those practical demonstrations of possibilities inspired by the sentiment that every true physician should possess "*tout être qui souffre est également près de mon cœur.*" His five years' steady labor with us showed the man, the scholar, the gentleman. Probably no field offers a greater opportunity to judge human peculiarities than that of the Annual's Central Department, and never, we think, has a better array of men been brought together in the elaboration of a great scientific work. But had we to select the most thoughtful, considerate, and scholarly, of the staff, Gihon would certainly stand among the first ten. If, therefore, we respectfully submit his name for favorable consideration, it is because his great worth in the general sense has been "controlled," as it were, by those small things in life which show more the true inward nature of a man than do his great works.

Since the days of his graduation at Princeton, when he received his A.B., and four years later his A.M., Gihon has improved every opportunity to increase his general and linguistic knowledge. Frenchmen, Spaniards, Portuguese, Germans, and Japanese can derive from his vivid intellect, and in their own tongue, strains of thought that leave behind them impressions only to be obtained from minds of a higher order. As a medical man, he had already reached honors where others usually begin their studies, and when, at the age of 22 years, he entered the Navy, he had already delivered two courses of lectures as Professor of Chemistry and Toxicology in the Philadelphia College of Medicine and Surgery. Such a beginning foreboded a brilliant career, and time has shown that the brightest hopes that could have been formulated have been realized.

Gihon has become a recognized authority on Hygiene, on General and Naval Hygiene in particular. To his labors is largely due the more careful

attention now given to the sanitary condition of the vessels of the U. S. Navy, and among other things Jack Tar can thank him for considerable improvement in his daily fare. Among his works may be mentioned "Sanitary Reform on Shipboard," "Sanitary Commonplaces for the Navy," "Practical Suggestions in Naval Hygiene," and numerous papers and addresses on Naval Hygiene in general, Public Health, Sanitary Reform, State Medicine, Medical Demography and Climatology, etc. Medical and surgical subjects also received considerable attention; so that, while being a specialist in the sense of preference, Gihon is a thoroughly educated man in every branch of his profession. This wide range of information caused him to be frequently chosen to represent the Medical Department of the Navy at many prominent national and international Medical Congresses. Elected to the highest offices of several scientific bodies, among which may be mentioned the American Academy of Medicine, of which he was president, he was also honored with several fellowships in European societies, historical and scientific, and received the official thanks of the French, British, and Portuguese governments. With the permission of Congress, he was knighted by the King of Portugal, this honor being conferred upon him, as in the cases of France and England, for humanitarian services.

If Mr. Cleveland's previous administration shone by one salient point, it was certainly his personal sense of justice, which even party feeling could never command. We hope that Dr. Gihon's true merit and valuable services will obtain for him what he so richly deserves.

TREATMENT OF CHOLERA IN 1843.

"THERE is nothing new under the sun," if true, would have rendered the ANNUAL useful only as a record of researches for forgotten facts. Although history may repeat itself, the repetition is only represented by a few isolated facts finding their source in the resemblance between human instincts as they were, and human instincts as they are. The sum-total, however, has steadily progressed, and the aggregate of knowledge of the ancient Egyptians would present a poor showing were it placed side by side with that of our period. "There is nothing new under the sun" is a false aphorism in the sense that man has already known all that there is now, or ever will be, known; it can only be truthfully applied to that vast store of matter capable of assuming forms innumerable, but which, on the whole, present but a few fixed fundamental elements. There is nothing new in these, and man knows comparatively few of the laws of perpetual transformation. Time, however, is gradually opening the horizon, and, while the laws remain the same, man steadily progresses in the line of discovery, frequently bringing up previously observed facts which would already have become useful and effective, had the necessary surrounding and co-efficient circumstances ripened at the same time. The early blossom dies after the moment's radiance which brought it forth is gone; it lives and bears fruit when Nature is ready to supply it with all the attributes necessary to its existence.

This may well be applied to the following letter written fifty years ago by a Dr. Stevens, and intrusted to our care by Dr. Joseph Levi, our Corresponding Editor at Colon, U. S. of Colombia, Central America. It bears the imprint of its age, and the faded blue ink on watered yellow paper readily remind one old enough of days long gone by. Among other measures appear those tending to compensate the excessive loss of liquids, saline solutions being recommended, to be administered by rectal or *venous* injections. That this special form of treatment has been somewhat in the shade ever since would infer that the results were unsatisfactory, or at best not of sufficient value to merit much attention. May this unsuccessful issue not have found its real cause in the absence of other features in the general treatment that were necessary to make the saline injections succeed as a remedial measure? Had more attention been paid to cardiac stimulation, for instance, would the momentary revival generally observed not have had a greater chance to turn the scale of the issue? The recent revival of the main features in Dr. Stevens's paper may, under better auspices, have a better fate:—

"*Premonitory Symptoms.*—Acting under the belief that the bowel complaint is an effort of nature to expel the poison from the blood and the body, on the first appearance of the premonitory symptoms a Seidlitz powder was administered; but if the patient experienced a sense of sinking without diarrhœa, more active saline purgatives were then employed. The aperient generally used was sulphate of magnesia, from 1 to 3 drachms of which were added to the Seidlitz powder, the whole taken in a state of effervescence. When this commenced acting on the bowels, the patient was encouraged to drink freely of thin beef-tea, well seasoned with common salt. If vomiting was present, a sinapism was applied to the epigastrium; if the thirst was intense, Seltzer, soda, or plain water was allowed *ad libitum.* By the employment of these simple means not more than one in twenty-five cases passed into the second stage,—that stage only which can properly be called cholera. (It should here be stated that those cases alone which passed into this stage were entered in the journal as cases of cholera by the prison authorities; and that such only are included in the numerical statements of Dr. Stevens.)

"*Second Stage, or that of Developed Cholera.*—The diagnostic symptoms are cramps, coldness, or sinking prostration. The following (℞ Sodii sesquicarb., ℈j; sodii chloridi, ʒj; potassæ chloratis, gr. vij) was dissolved in a half a tumbler of water and administered in severe cases every half-hour—in some malignant cases every fifteen minutes; while in those cases which were not very severe it was given every hour. The frequency with which the dose was repeated in each particular case varied according to the circumstances of that case. In every instance the saline was continued until the circulation was fairly restored; when once that point was reached, the interval between the doses were lengthened; when reaction was completely established, it was left off by degrees. In extreme cases the dose of the chloride of sodium was increased to 2 drachms, and in some cases even more than this. In those cases where the stomach was irritable, a dilute solution of the chloride of sodium was thrown up into the intestines; the temperature of this solution being as high as the patient could bear, which,

as a general rule, was about 100° F. When properly used, this is a means of great value.

"When the stomach was irritable, the use of the saline powder was occasionally suspended, and common effervescing mixtures, or small doses of the common soda-powders, with an excess of the carbonates, were frequently used, until the vomiting abated, and then the carbonate of soda, with larger doses of the chlorate of potash, were given without the chloride of sodium, or frequently, in such cases, the chlorate of potash was given by itself, in doses of 10 grains each. A large mustard poultice was applied in each case to the epigastric region the moment the patient came under treatment. When the saline powders were used at the time the stomach was very irritable, it was deemed advisable to dissolve them in a very small quantity of water. When cramps supervened, the extremities were rubbed with hot flannels. The pain produced by the spasms in the muscles was not only relieved by the frictions, but by this and the application of sinapisms to various parts of the body the temperature was increased,—an object of no trifling importance in the treatment of cholera. In this stage of the disease, as in the premonitory symptoms, Seltzer or cold water was allowed the patients *ad libitum*. A strong infusion of green tea was also used in some cases, and apparently with advantage. No solid food was allowed the patients for a few days after recovery. The patients were invariably placed in a room in which a large fire was kept day and night.

"The ejections and all other impurities were removed immediately from the patient's room,—a pure atmosphere and great cleanliness being considered essentially necessary to a successful issue; the infected wards were disinfected with gunpowder. In exceedingly malignant cases, or when the patient was not seen till late in the disease, the stage of collapse being well marked, the most active measures were adopted. An ounce of the chloride of sodium, with half a drachm of the chlorate of potash, or the chloride of potassium, was immediately given in cold water, and repeated, if necessary, every half-hour until the patient had taken about three doses of this strong solution. If reaction ensued, it was kept up by the common saline powders; but if the strong saline given by the mouth failed, as a last resource, a saline fluid was injected either into the intestines or into the veins."

THE CHLOROFORM QUESTION.

Dr. H. A. Hare (Associate Editor of the Annual) has been asked to undertake a research, at the expense of the government of His Highness, the Nyzam of Hyderabad, India, with the object of reconciling, if possible, the conflicting views concerning the action of chloroform. He is anxious to receive from physicians and surgeons records of any cases in which it was noticed that the heart stopped beating *before* respiration, or respiration stopped *before* the heart. Notes concerning any such cases will be considered strictly confidential, provided the reporter states his desire that his name shall not be mentioned in the report of the research when it is finished. **Otherwise, due credit will be given for any information that is received.**

Reviews.

AN AMERICAN TEXT-BOOK OF SURGERY FOR PRACTITIONERS AND STUDENTS. By CHARLES H. BURNETT, M.D.; PHINEAS S. CONNER, M.D.; FREDERICK S. DENNIS, M.D.; WILLIAM W. KEEN, M.D.; CHARLES B. NANCREDE, M.D.; ROSWELL PARK, M.D.; LEWIS S. PILCHER, M.D.; NICHOLAS SENN, M.D.; FRANCIS J. SHEPHERD, M.D.; LEWIS A. STIMSON, M.D.; WILLIAM THOMSON, M.D.; J. COLLINS WARREN, M.D.; and J. WILLIAM WHITE, M.D. Edited by WILLIAM W. KEEN, M.D., LL.D., and J. WILLIAM WHITE, M.D., PH.D. Royal, 8vo. Pp. 1209. Philadelphia: W. B. Saunders, 913 Walnut Street. Price, Cloth, $7.00; Sheep, $8.00.

This magnificent text-book is the work of American authors who are teachers of surgery in leading medical schools and hospitals. Many of the most important subjects are considered from a new stand-point, and especial prominence has been given to Surgical Bacteriology and other most recent methods of treatment, particularly in relation to Asepsis and Antisepsis, and to the newer methods in those departments in which of late such notable progress has been made, as in cerebral, spinal, abdominal, and pelvic surgery, etc. The book was submitted in proof-sheets to all of the authors for mutual criticism and revision, and it may, therefore, as a whole, be said to express, upon important surgical topics, the concensus of opinion of the surgeons who have joined in its preparation. Minor differences of opinion must necessarily exist, and are recognized in the text.

There are scattered throughout this work no less than thirty-seven full-page plates and four hundred and seventy-three smaller cuts. Very many of the illustrations are original, among them the bacteriological colored plates and the numerous half-tone plates, which are reproductions from photographs of patients and specimens, and which add to the value of the work, both artistically and surgically.

A copious index of thirty-three pages, prepared by Dr. J. Chalmers Da Costa, concludes this valuable work.

It is seldom that reviewers have the pleasure of passing judgment on a volume possessing so many good points as does this one, which should be in the hands of every student and practitioner who would know the resources of modern surgery.[1]

ESSENTIALS OF MEDICAL DIAGNOSIS. By SOLOMON SOLIS COHEN, M.D., and AUGUSTUS A. ESHNER, M.D. 8vo. Pp. 382. Philadelphia: W. B. Saunders, 913 Walnut Street. Price, Cloth, $1.50 net.

This book, which is No. 17 of Saunders's Question Compends, is arranged in the form of questions and answers, and is prepared especially for students of medicine. It contains fifty five illustrations, some of which are colored, and a colored frontispiece showing the relations of the thoracic and abdominal viscera.

While the endeavor of the authors has been to make it reliable and helpful, the student is advised not to depend upon it to the exclusion of standard and more elaborate works. Brief but accurate, arranged to secure the benefit of association of ideas,

[1] General books will be reviewed in these pages by the editor before being broken up for distribution among the different members of the staff.

Special works will be reviewed by the department-editor in charge of the corresponding section.

this book facilitates much the true methods of study. Though elementary in character and representing but an outline of the subjects dealt with, it forms a good basis of the salient points, fitly made and compactly joined together, upon which the student may rear a substantial superstructure.

We would suggest that the temperature charts distributed through this work would have added value if the corresponding Fahrenheit degrees had occupied a position opposite to that of the markings of the Celsius scale. However, we heartily commend this book as a useful aid to systematic clinical study.

C. S. WITHERSTINE.

ANATOMIE OBSTÉTRICALE, ENCYCLOPÉDIE SCIENTIFIQUE EN AIDE-MÉMOIRE, 1892. By DR. DÉMALIN. Villars, Paris: G. Masson et Gauthiers, Publishers.

Under this title the author has united all that could interest the practitioner regarding the anatomy of woman,—the ovum and the fœtus. His book is essentially useful; is well written and easily read. It is very complete. The author has been simple and precise in speaking of each subject according to its importance from an obstetrical point of view. It is a work which the student will read with great benefit, and in which the practitioner will find the results of the latest scientific researches upon many points.

P. BUDIN and L. MERLE.

Monographs Received.

The editor acknowledges with thanks the receipt of the following monographs :—

A Study of the Comparative Actions of Antipyrin, Phenacetin, and Phenocoll on the Circulation and Heat Phenomena, by *David Cerna* and *William S. Carter*, Philadelphia.——A Plea for a More Conservative Treatment of Nasal Affections, by *Reuben Jeffery*, Brooklyn, N.Y. ——The Medical Society's Transactions, London.——Memorandum on Anchylostomiasis, or the Anæmia of Ceylon, by *W. R. Kynsey*, Ceylon.——The Venomous Reptiles of the United States, with the Treatment of Wounds Inflicted by them, by *Paul B. Barringer*, University of Virginia.——Abcès du Larynx daus la Scarlatine, par *E. J. Moure*, Bordeaux.——Un Nouveau Cas de Chancre Induré de la Fosse Nasale, par *E. J. Moure*, Bordeaux.——A Clinical Study of the Ocular Symptoms found in the so-called Mongolian Type of Idiocy, by *Charles A. Oliver*, Philadelphia.——The Electric Light Considered from a Hygienic Point of View, by *J. Mount Bleyer*, New York City.——The Edison Phonograph and the Bettini Micro-Phonograph, by *J. Mount Bleyer*, New York City.——Kumyss, its Value as a Food and Reconstructive, by *J. Mount Bleyer*, New York City.——Head Injuries, with Aural Complications, by *J. E. Sheppard*, Brooklyn, N. Y.——A Plea for Early Diagnosis in the Pelvic Disease of Women, by *B. F. Baer*, Philadelphia.——Operative Treatment for the Relief of the Symptoms associated with Chronic Plastic Inflammation of the Middle Ear, by *Arthur Ames Bliss*, Philadelphia.——De l'Influence du Courant Continu sur les Microbes et particulièrement sur la Bactéridie Charbonneuse, par *Apostoli* et *Laquerrière*, Paris.——Clinical History of a Case of Successful Extraction of a Piece of Steel from an Iris and Lens by an Iridectomy, with Subsequent Absorption of the Lens and Recovery of Normal Vision, by *Charles A. Oliver*, Philadelphia, Pa.——Sixth Annual Report of the Ophthalmological Department of the State Hospital at Norristown, Pa., for the year 1891, by *Charles A. Oliver*, Ophthalmologist, Philadelphia, Pa.——St. Augustine: Report upon her Present Sanitary Condition, by *John S. Billings*, Washington, D.C.——All Around the Year 1893; Calendar, by *J. Pauline Sunter*. Boston: Lee & Shepard.

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Original Communications.

THE MATTISON METHOD IN MORPHINISM.

By J. B. Mattison, M.D.,
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During the last two decades morphinism has reached such proportions as to engage attention of the profession at home and abroad, and evoke various methods for its cure. These have been based on a varying rate of the opiate withdrawal,—the sudden method, the rapid method, the slow method. The first, abrupt and entire disuse; the second, in two to ten days; the third, one month to one year. Each has its advocates, and, under certain conditions, each its advantages.

The most prominent of the first was Levinstein, of Berlin, who, in 1877, presented his "Morbid Craving for Morphia,"—a scientific and valuable treatise as regards the etiology and pathology of this disease, but commending a plan of treatment that is *cruel*, always causes needless suffering, and sometimes ends in death. This is known as the German method, or, more strictly speaking, the Levinstein method. Erlenmeyer—Bendorf, near Coblentz—advises rapid decrease of the habitual opiate, ending it in two to ten days. This is the Erlenmeyer method, sometimes called "the quick method."

Of the slow method, there are several types, all taking weeks or months for the opiate withdrawal, and differing mainly in the measures used during the closing weeks or days of treatment. Burkart, of Bonn, takes several weeks for the opiate decrease, substitutes opium for morphine toward the end, and with it completes the cure.

Schmidt, of Wiesbaden, reduced the opiate during several months, and, when a very small daily taking was reached, replaced the morphine and concluded treatment with codeine. Oscar Jennings, of Paris, in connection with Ball, presented another slow plan, which may be called the French method, that consists in reducing the morphia during several weeks, and the use of sparteine or digitalis and nitro-glycerin in its place, as cardiac tonics and stimulants, toward the close of treatment. Dr. Jennings has written a capital little book on this subject,—"The Cure of the Morphia Habit,"—to which the reader is referred for details.

Lastly, the writer offers his own method,—an American method,—one original and successful, and which, he makes bold to assert, after large experience, is in advance of any mode of treatment yet presented.

Tersely stated, it may be said that this disease involves the cerebro-spinal and sympathetic systems, well-attested clinical fact proving that they bear the brunt of opium excess, which induces changes that give rise to great nervous derangement when the opiate is abruptly withdrawn. The aches, pains, yawning, sneezing, shivering, nausea, vomiting, diarrhœa, restlessness, delirium, convulsions, exhaustion, collapse, incident to sudden opiate quitting, are reflex indications of great irritation in those centres, and any treatment having the power to counteract and control this condition must contribute vastly to the patient's comfort and cure.

The method we commend is a mean between two extremes, avoiding the painful ordeal of abrupt disusing and the tiresome delay of prolonged decrease, and is based on the power of certain remedial resources to subdue abnormal reflex action, and secures largely two cardinal objects,—minimum duration of treatment and maximum freedom from pain. It consists in producing a certain degree of nervous sedation, and consequent control of reflex irritation, by means of the bromides, though we refer specifically to the *bromide of sodium*, having used that exclusively in cases under our care. This is merely a new application of a well-established principle, for the power of the bromides to subdue abnormal reflex irritability is so constant that it may be looked upon as an almost certain sequel of such medication. Dr. Edward H. Clarke, in his valuable treatise on the bromides, says: "Diminished reflex sensibility, however different physiologists may explain the fact, is one of the most frequent phenomena of bromidal medication that has been clinically observed, and is, therapeutically, one of the most important;" and the evidence of other observers—Gubler, Guttman, Laborde, Voison, Damourette, Eulenberg, Claude Bernard, Brown-Séquard, and Echeverria—is to the same effect.

In speaking of the bromide of sodium, let it be understood that we refer entirely to the influence of the *continued dose*, by which we mean giving it twice in the twenty-four hours, at regular intervals, so as to keep the blood constantly charged with the drug. A most important difference exists between the effect of this mode of using and that of the single dose, or two or three doses so nearly together as to form practically one, for in the former case the system is constantly under the bromide influence, while in the other, the drug being eliminated in a few hours, it is nearly free a

large portion of the time. Results obtainable from continued use cannot be gotten from the single dose, and so its value is far greater in this condition. Again, the action of the continued dose being somewhat remote,—four to six days usually elapsing before there is decided evidence in this direction, —much more desirable results are secured by its employment for several days *prior* to complete opium-quitting—meanwhile gradually reducing the opiate—than if the withdrawal be abrupt and then reliance placed on the bromide; for, in the former, the maximum sedative effect is secured at the time of maximum nervous disturbance from the opium removal, and its counteracting and controlling power is far in excess of that to be had from its taking after the lighting up of the nervous irritation. What, then, we term *preliminary sedation* forms an *original* feature in our giving of the bromide, and it is this special point we commend, our experience having convinced us that we have in it a very valuable means of lessening discomfort incident to the treatment of this disorder.

The value of the various bromides depends on their proportion of bromine. Bromide of potassium contains 66 per cent., sodium 73, and lithium 92 per cent. We should, therefore, expect a more powerful influence from the last drug, and, according to Weir Mitchell, it has a more rapid and intense effect. The sodium, however, answers every purpose, and has several points in its favor over other bromides,—is pleasanter to the taste, more acceptable to the stomach, causes little cutaneous irritation, and much less muscular prostration. In this connection, experiments by Drs. Ringer and Sainsbury on the superior value of the sodium salt are of interest, and may be found in the *British Medical Journal*, March 24, 1883.

Either of the bromides in powder or strong solution is somewhat irritant, sometimes causing emesis, and in any event delaying absorption. A practical point, then, is that it be given largely diluted. Dr. Clarke says: "There should be at least a drachm of water to each grain of the salt." We give each dose of the sodium with 6 or 8 ounces of cold or carbonated water, and have never known it to disagree.

To secure the requisite degree of sedation within a limited time, it is essential that the bromide be given in full doses. Failure from its use, in any neurosis, is often due, we think, to a non-observance of this point. Our initial dose of the sodium is 30 grains, twice daily, at twelve hours' intervals, increasing the amount 20 grains each day,—*i.e.*, 40, 50, 60 grains, —and continuing it, in proper cases, eight days, reaching a maximum dose of 100 grains twice in twenty-four hours. During this time of bromidal medication the usual opiate is gradually lessened, so that from the eighth to the tenth day it is entirely abandoned. A decrease of one-fourth or one-third the usual daily quantity is often made at the outset, experience having proved that *habitués* are almost always using an amount in excess of their actual need, and this reduction causes little or no discomfort. Later, the opiate withdrawal is more or less rapid, according to the increasing sedation, the object being to meet and overcome the rising nervous disturbance by the growing effect of the sedative; in other words, maximum sedation at time of maximum irritation.

Exceptions to this may occur. Some patients are so weak and anæmic on coming that a previous tonic course is deemed judicious; the usual opiate is continued for a time, and, meanwhile, by full food, tonics, and other measures, effort is made to improve the impaired condition,—and with success, for we have seen patients gain markedly in strength and weight during this roborant *régime*. Sometimes a patient, before placing himself under our care, has reduced his daily taking to the lowest amount consistent with his comfort. If so, the initial large reduction is not made, but the decrease is gradual throughout. Again, in some cases no reduction is made for two or three days, when the bromide effect is secured in part, and the decrease is then begun. And with all patients this rule governs: *Each case is a law unto itself, and the length and amount of the bromide-giving and consequent rate of opiate decrease is determined entirely by individual peculiarity, as shown both before and during treatment.*

Surprise may be expressed and objection made regarding the extent of the bromide doses, but the fact must never be overlooked that we are not to be governed in the giving of any remedy by mere drops or grains, but by the *effect produced*. Again, one result of opium-addiction is a peculiar non-susceptibility to the action of other nervines, necessitating their more robust giving to secure a decided effect. More, under the influence of certain abnormal conditions, doses which ordinarily are toxic become simply therapeutic. Medical annals abound with such cases, and among the most striking may be noted the following: Dr. Southey read, before the London Clinical Society, notes of a case of tetanus in a boy 10 years old. The first symptoms were observed two days after a severe fright and drenching, due to the upsetting of a water-butt. They steadily increased up to the date of his admission to St. Bartholomew's Hospital, on the eighth day of his illness, when the paroxysms of general opisthotonos seized him at intervals of nearly every three minutes. Each attack lasted from fifteen to thirty seconds; and, although between the seizures the muscles of the trunk became less rigid, those of the neck and jaw were maintained in constant cramp. The patient was treated at first with chloral (10 grains) and bromide of potassium (20 grains) every two hours, and afterward with the bromide alone, in 60-grain doses every hour and a half. When about 2 ounces were taken, in twenty-four hours the attacks became less frequent, but at first each separate seizure was rather more severe, and on the evening of the eleventh day he was able to open his mouth better. On the thirteenth day the bromide was decreased to 20 grains every three hours, and on the fourteenth day was discontinued. When it had been omitted twenty-four hours, the attacks returned at intervals of an hour, and the permanent rigidity of the neck-muscles was re-established. His condition now steadily became worse, so that on the eighteenth day of his illness it became necessary to resort to the previous large doses,—1 drachm every hour and a half. After three such doses, the expression became more natural, and he was able to open his mouth again; but it was not until the twenty-fifth day of his disease that it was possible to discontinue the remedy. The patient remained in a state of remarkable prostration and drowsiness, sleeping the twenty-four

hours round, and only waking to take his food for eight days, and passed all his evacuations under him. He subsequently rapidly and steadily convalesced. The bromide caused no acne or other unpleasant effect, and certainly seemed to exert a markedly controlling effect on the tetanus.

Given as we commend, no effect is usually noted before the fourth or fifth day. Then patients often mark an increasing drowsiness, which deepens into slumber more or less profound,—so much so at times that it is difficult to remain long awake. With this is an aversion to exercise, not solely due to lessened muscle-force, but largely to mental hebetude. Some cases are met with in which the hypnotic effect is not very decided, but the rule is as stated. Sometimes the bromic breath is noted. Acne is usually absent. The renal secretion is often largely increased. We have known a patient to pass more than 100 ounces in the twenty-four hours, and we have noticed that where there is no increased diuresis the sedative effect of the drug is more prompt and decided.

Before ending this phase of treatment, we must again insist that all cases of opium-taking do not require the bromide alike. This is a point of prime importance, and failure to put it in practice is often the main secret of ill success or unpleasant results in its use. The patient as well as his disease must be treated, and he who uses the bromide as Fothergill asserts Opie mixed his colors—"with brains"—will get the most good. Let it be distinctly understood that some cases are ineligible for the bromide treatment. Those complicated with serious lesion of heart, lung, or kidney should be excluded, and those with marked general debility should always be given a previous tonic course; and, as before asserted, *in each and every case where it is used, the extent of its giving is to be governed entirely by individual peculiarity, as shown both before and during treatment.*

Having secured the desired sedation and reached the last day of opiate using, it is our practice to give, at or before bed-time of that day, a full dose of morphine. This dose is one-third the former entire daily amount. This secures a sound, all-night sleep, from which the patient wakes much refreshed and often quite surprised at his good condition. On the next night this opiate is repeated, using two-thirds of the previous dose, and again the following night, giving one-third the first night's supply. With each of these opiate doses the maximum bromide dose is given.

Thereafter, what reflex symptoms present are met, mainly, by codeine. The proper use of this drug is a great advance in the treatment of this disease. As a rule, it is not needed before the eleventh day. Exceptionally, a dose or two may be required in the latter part of the ninth or tenth. When its active use is begun, it is given in doses of 1 to 3 grains every 2 to 4 hours, by mouth or subcutaneously, and this continued, gradually decreasing the dose or increasing the interval, till no longer required.

Pure codeine is not suited to subdermic use. It dissolves in acid, and may be given by mouth. Six salts are in use; they are, with the percentage of codeine:—

Muriate,	80 per cent.
Sulphate,	76 "
Phosphate,	70 "
Nitrate,	82 "
Hydrobromate,	72 "
Hydro-iodate.	67 "

The first three are eligible for hypodermatic use. They are soluble as follow :—

Phosphate,	1 part boiling water,	4 parts cold.
Muriate,	1 " " "	20 " "
Sulphate,	8 " " "	40 " "

For fuller details, see paper by the writer, "Codeine in tne Treatment of the Morphine Disease." If more be needed, coca, in fluid extract, or cocaine, is a valued adjunct. Of the former, give 2 to 4 drachms, every two to four hours. Should it disagree, cocaine will often act well. It may be given by skin or stomach,—the latter better,—in doses of 1 to 3 grains, followed by a half-tumbler of *hot* water every two to four hours. If used subdermically, one-half the dose by mouth. Opinions vary as to its value. Erlenmeyer decries it, Obersteiner lauds it. We have found it of service. But it is not a specific; it is not safe for self-using; it is not suited to all cases, and it is of most value where there is painless unrest or much depression of mind or body.

Hot baths (105 to 112 degrees), ten to twenty minutes, repeated as required, often act like magic; so, too, the Turkish bath. Warm baths are worthless.

Cannabis Indica is of value, but codeine largely supplants it. Full doses, every two to four hours, may be given. A word as to "full doses." Opium-taking begets a peculiar tolerance of some nervines, and they must be robustly given. The book dose is useless. We give 40 to 60 minims fluid extract, or normal liquid. Small doses are stimulant and exciting; large ones, sedative and quieting. These doses are harmless. Hemp is not a poison. There is no death on record. Hundreds of such doses, to men and women alike, have never brought us any anxiety along toxic lines. (*Vide* paper, "Cannabis Indica as an Anodyne and Hypnotic," *Brooklyn Med. Journal*, November, 1891.)

The insomnia sequeling a long-used opiate-quitting is absolute,—equaled only by that of the insane. Under our method it may be expected the night after the last morphine-giving. It is best met with 40 grains of sulphonal or trional,—women, 30,—at 7 P.M., on tongue, aided, if need be, by one or two full doses of hemp. If preferred, it may be given in hot water or milk, at bed-time. Our usual plan is to give one or other four, to six nights, and then use chloral, chloralamid, paraldehyde, or cannabis.

For relief of neuralgic pain varied measures suffice. Leading the list are electricity and the local use of ether. As to the value of the galvanic current in migraine and other neuralgiæ, so common in opium *habitués*, and the manner of using it, the reader is referred to papers by the writer. The same agent is effective in relieving limb and lumbar pains, though here a

much stronger current is required than can be used with safety about the head. Sometimes a faradic current acts well, and when one fails trial should always be made with the other.

Regarding the ether, those who have never used it will, we think, be surprised at its pain-easing power. In either way applied,—spray, drop, or lavement,—it is potent for good. Local hot baths, the Turkish or Russian baths, are often of much service. These three—electricity, ether, and the baths—are our main anodynes, and one special point in their favor is entire freedom from unpleasant gastric or other result.

Other remedies, at times, relieve. Of the coal-tar salts, phenacetin or phenocoll, in full doses, are best. A valued topical anodyne is: menthol, 1 part; chloroform, 10 parts; ether, 15 parts; used as spray.

Under this plan of treatment, marked disorder of stomach or bowels is rare. Our rule is to give a mercurial or other cathartic at the outset, if there be alvine torpor, and then secure regular daily action by such laxative as seems best. If restraint be needed, large enemas of hot water may be used. These failing, 1 to 3 grains of sulphocarbolate of zinc, or 10 to 20 minims of fluid extract of coto, or 40 to 60 grains of subnitrate or salicylate of bismuth, every four hours. If, however, it persists, the best thing is a full opiate,—tinct. opii,—by mouth or bowel, at bed-time preferred. This promptly controls, gives a full night's sleep, and the trouble seldom returns. Fear of a bad effect on convalescence is unfounded.

Diet is not restricted unless the stomach or bowel condition demands. We have again and again seen patients recover who did not vomit once, or who had only two or three alvine movements daily. The excessive vomiting mentioned by Levinstein and Obersteiner—abrupt disuse—we have never noted. The former thought the collapse, which we have never seen, in several of his cases was due to vomiting and purging. Most likely the largest factor in causing it was the exhausting mental and physical suffering which his monstrous method entails. If the stomach rebels, entire rest for a time, or milk and lime-water, ale and beef, malted milk, or bovinine, in small amount may act well. If not, sinapisms, ether, faradism, or chloroform, alcohol, ice are of value. All failing, a full opiate hypodermatically will promptly suffice.

Twenty-four hours after the opiate-quitting, patients are directed to bed, and kept there two to four days, for we are convinced that rest is an aid of great value. Erlenmeyer says: "The best remedy is rest in bed. The importance of quiet, rest in bed, and warmth in promoting restoration during the abstinence struggle cannot be overestimated. I order every patient to bed at the start, and can state with confidence that those who submit to this till I allow a change will get along more easily and satisfactorily during the treatment than others who do not obey, but who insist on moving about or having the run of the premises."

Having thus crossed the opiate Rubicon, treatment pertains mainly to the debility and insomnia. For the former, coca leads the list. Of the fluid extract, give 2 to 4 drachms, or cocaine 1 to 3 grains, with other tonics, three or four times daily, decreasing as need lessens. As a rule, its use is ended

in a fortnight. To remove the mental and physical depression, the minor neuralgiæ and the desire for stimulants, sometimes noted, nothing equals it, and full doses of tincture of capsicum often add to its value.

Another agent of much service is general faradization; twenty-minute *séances* daily. This imparts a feeling of exhilarating comfort, but care must be taken not to overdo, for a current too strong or too long makes mischief, overstimulating and exhausting to the extent, it may be, of several days' discomfort, which nothing but time will remove. Faradism also acts kindly in easing the peculiar unrest—"fidgets"—and the nagging aches in the legs during convalescence. It may be applied in the usual way, or through the special electrodes we have devised.

Galvanism is another general tonic of value. Our method is to use the positive pole to the nape of the neck and the negative to the epigastrium for five minutes; then the former behind the angle of each jaw for a minute or two, making the entire *séance* seven to nine minutes.

Another valuable tonic is the cold shower-bath. With many it is a great invigorator, and patients who dread it at first come to appreciate it highly. Internal tonics have a place in the roborant *régime*. Most *habitués* are below par, and it is our custom to give such from the start: phosphorus, strychnine, arsenic, and quinine combined. After the opiate-quitting, coca, in some form, can be added. If anæmic, ferric tincture or Blancard's pills. Digitalis is often useful. Caffeine is of value. It is stimulant, tonic, and diuretic. We sometimes give it with codeine and cocaine. In some cases codliver-oil is of service,—with pepsin and quinine, with malt, with phosphites, or plain,—and may be given for months.

Some anorexia is usually present, yet it may not prevent the regular meal, and need never occasion anxiety, for it will likely give place to a vigorous appetite, which may be encouraged to fullest feeding short of digestive disaster. If it be slow in returning, ½-grain doses of cannabis an hour before meals often have a marked orexic action.

Regarding the insomia, Levinstein said: "Sleeplessness, which is generally protracted up into the fourth week, is very distressing." Our record differs. Wakefulness is an invariable sequel; but, usually, not so marked or prolonged, and in ordinary cases recovery can generally be promised without the loss of a single entire night's sleep. We have known a patient able to do without a hypnotic in three, others in five and eight, and the average in a series of cases was eleven nights.

The insomnia is of two kinds. Most patients secure sleep soon on retiring, but waken early—3 or 4 o'clock—and fail to get more. Others remain awake nearly all night before slumber comes, and these usually require soporifics the longer. For relief of this, cannabis Indica will often suffice. The hemp is given in 40- to 60-minim doses, in capsule or mixed with glycerin or ginger-syrup, two hours before bed-time. There may be noted, in some, laughing and talking during the first hour, tending to sleep in the second. Many require nothing else. At the end of a week it is lessened, and usually ended in ten or twelve days.

Other hypnotics,—chloral, chloralamid, trional, sulphonal, paraldehyde,

amylen, somnal,—in full doses, often work well. Chloral, during the first five or six nights of opium abstinence, fails as a soporific, often causing a peculiar excitement or intoxication,—patients talking, getting out of bed and wandering around room,—followed, after several hours, by partial sleep. Later, in liberal dose,—we prefer 40 grains at once rather than two 20-grain doses,—alone or with a bromide, it can be relied on. If, as rarely happens, the sleepless state is so pronounced or prolonged as to distress patient, we never hesitate to give an opiate by mouth, and with good result. Erlenmeyer says: "In such cases there remains nothing to do but to resort to morphine. I give then the alkaloid, internally, on two consecutive evenings; a certain cumulative effect takes place. The first night, in the dose of $\frac{1}{3}$ grain, there is usually no sleep; but on the second night, after giving the same dose, a sound sleep of six hours will ensue. I have not observed any special danger from these resumed doses of morphine, although I feared it; but after I was constrained in several bad cases, when every other medicine had failed, to resort to this, I was convinced that my fear was groundless." We think one full dose better than two small ones.

In all cases drugs should be dropped as soon as possible, and sleep secured by a walk or other exercise; an electric *séance*, a Turkish or half-hour warm-bath, a light meal, a glass or two of hot milk,—one or more of these before retiring. Patients whose slumber ends early often note a peculiar depression on waking; and if so, a lunch—hot milk, cocoa, coffee, beef, or bovinine—should be at command.

It may be well, in passing, to refer to certain minor sequelæ and their treatment. If dyspnœa or palpitation, a stimulant—cocoa, with capsicum, or Hoffman's anodyne, with aromatic spirits of ammonia—will control. If aching pains in calves, strong galvanic or faradic currents, hot water, ether, massage. If peculiar burning in the soles, mustardized foot-baths. If marked hysteria, ether inhalations.

Belly-pain may be eased by hot fomentations, or full doses of ether in hot water, or camphor with capsicum. The latter, with atropine injections, act happily in ovarian irritation.

Very seldom, unrest and insomnia compel hyoscine. If so, give $\frac{1}{100}$ to $\frac{1}{20}$ grain of the hydrobromate hypodermatically, or a double dose by mouth. Delirium is rare. If mild, condensed food with alcohol should be freely given; if marked, morphine may be added. The free use of wine or brandy in these cases we condemn. The sub-toned system takes kindly to alcohol in every form, and unless care be taken a rum-drunkard results.

Collapse,—which we have never seen,—as threatened by irregular pulse and breathing, pallid, livid skin, or faintness, demands prompt treatment, or the patient will die. An immediate injection of morphine, full dose, must be given, and repeated every ten or fifteen minutes if required.

In many cases we give a full opiate at the end of the rest-period. This breaks the abstinence tension and prevents that strange recurrence of symptoms sometimes noted about a week after quitting, and the general effect is good.

As soon as possible after the rest-period in bed, patient should have the

outer air and sunshine at window, in open carriage or car, much walking or other active exercise being avoided for a time; for, if too early taken, they are very apt to be followed by fatigue, unrest, and insomnia.

Along with what has been suggested should be such other general measures as will add to the good secured. Patients must have attractive surroundings, cheerful society, diverting occupation, amusement, music, the play, and freedom from worry of body or mind,—in fact, anything, everything, that will aid in the effort to secure a return to pristine health. That the management of these cases *subsequent* to the need of active medical care is of great importance, enlarged experience increasingly convinces. Neurotic or other disorders noted prior to addiction, whether genetic or not, must be relieved or removed. So, too, those that may first appear after the opiate-quitting; and when none of these are met, when there is merely a lessened power of brain and brawn, ample time—months or years, if need be, for the greatest danger is within the first year—must be taken in which to get thoroughly well if the chance of relapse would be brought to a minimum. (See paper by the writer, "The Post-Active Treatment of Narcotic *Habitués*.")

It is not to be supposed that a system shattered by opiate excess will regain its normal status in a week or month, or that a premature return to mental or physical labor will not imperil the prospect of permanent cure. The importance of this must be insisted on. To medical men, who compose so largely the better class of *habitués*, it is specially commended. Professional work must not be resumed too soon. The risk of a narcotic re-using is in reverse relation to the opiate abstention; and, as favoring this abstinence, prolonged rest, change of scene, foreign travel, sea-voyages, all have much promise of good.

Some details of treatment other than strictly remedial may be of interest. Our rule, in the opiate decrease, is not to inform the patient as to its progress, nor the actual time when it is ended. Better tell him days after the last dose, and then the assurance that so long a time has gone since his enemy was routed will of itself be an aid in the good work.

As regards the mode of taking, a radical change is made. If hypodermatically, the syringe is discarded and a sufficient amount of morphine given by mouth. In most cases this can be done at once. If not,—its use causing nausea, vomiting, or headache,—the usual method can be resumed for three or four days, and then, the bromide influence having been secured in part, the syringe may be put aside.

Patients taking 10 grains or more daily, subcutaneously, will usually get along with the same amount by mouth. Under that, an increase of one-half or double is needed.

Some may demur to the change, but it should be insisted on, for experience has proven points in its favor. There is, we believe, often a fascination about the syringe, which, once ended, marks an advance toward success. Many patients come to think the injections essential; and to convince them to the contrary, as the change in taking will, gives them a feeling of gladsome relief and larger confidence in a happy result.

Again, the *staying* power, so to speak, of morphine by mouth is much

greater. The effect, hypodermatically, is quicker and more decided, but earlier subsides,—a higher acme sooner reached and ended; whereas by mouth the rousing effect is slower, but more even and persistent. Patients injecting four to eight times daily will often do well on two or three doses by mouth.

As a rule, too, the change in taking brings a betterment in the patient's condition, notably increased appetite and improved alvine action.

During the decrease they are permitted, if desired, to continue their frequency of taking. As a rule, however, for reason given, it is not required. The only restriction imposed is that a certain supply shall suffice for twenty-four hours, and this is daily decreased at such rate as will least likely conflict with their comfort. Patients, moreover, are always told that if the amount allowed is not enough, they are to apply for and will be given more. Such being the case, no proper motive exists for secret taking; and if, despite this liberal proviso, it is indulged in, professional relations are suspended.

Clandestine taking, before or after withdrawal, can always be detected. The absence of certain sequelæ of an honest quitting, and the infallible test of a three days' vigil furnish proof beyond dispute.

The usual duration of treatment in simple cases under our care is four weeks, the rule being to dismiss patient, if other conditions favor, after he has been able to sleep each night for a week without hypnotic. Erlenmeyer, whose method is rapid reduction, though without the valued aid of preliminary sedation, says: "Three or four weeks are generally sufficient to remain in the institute; the sojourn may be longer than this, but should not be less." This, of course, refers to the period of active medical care. The need and importance of further hygienic measures we have noted, and they are absolutely essential to insure a lasting cure.

Levinstein advised: "As soon as the patient has consented to give up his personal liberty, and the treatment is about to commence, he is to be shown into the room set apart for him for the period of eight to fourteen days, all opportunities for attempting suicide having been removed from them. Doors and windows must not move on hinges, but on pivots; must have neither handles, nor bolts, nor keys, being so constructed that the patients can neither open nor shut them. Hooks for looking-glasses, for clothes, and curtains must be removed. The bedroom, for the sake of control, is to have only the most necessary furniture: a bed devoid of protruding bed-posts, a couch, an open wash-stand, a table furnished with alcoholic stimulants,—champagne, port-wine, brandy,—ice in small pieces, and a tea-urn with the necessary implements. In the room which is to serve as a residence for the medical attendant for the first three days the following drugs are to be kept under lock and key: a solution of morphine of 2 per cent., chloroform, ether, ammonia, liq. ammon. anis., mustard, an ice-bag, and an electric induction apparatus. A bath-room may adjoin these two apartments. During the first four or five days of the abstinence the patient must be constantly watched by two female nurses."

Why this rigorous *régime?* Because the lack of efficient medical measures makes essential physical force. Because the method entails such

distress of mind and body as to risk a suicidal ending; and a calamity always impends,—collapse that threatens life and demands that the doctor be closely at hand to avert the dreaded danger.

In contrast with this, during our opiate withdrawal, patients are permitted and encouraged to go out and about, attend entertainments, and engage in social pleasures; and this is continued throughout the treatment, save a transient suspension after the first twenty-four hours of abstinence.

Following the first day of opiate-disusing, during the rest-time of treatment, patients are for awhile under special attention, and, if needed, an attendant is with them; but the need for such service is usually limited, and, in many cases, not required.

It may excite surprise that so large confidence is extended patients, and so much liberty allowed. The reason is soon given. Only those are accepted who have an earnest desire to recover. That is a *sine qua non* of success. With this incentive, it is fair to suppose that the patient will help rather than hinder in the effort to do him good. Besides, the treatment during decrease does not impose such need for an opiate as to impel a secret supply; and, once the abstinence begun, helpful measures at command tide him through this time without such discomfort as, otherwise, he would be quite helpless to endure. This being so, the somatic status does not compel that rigorous restraint which the torture of abrupt disuse makes absolutely essential to success.

As to the weakened will and damaged *morale* which, without doubt, in many cases, sequel a chronic opiate-using, we dissent from the largely-held opinion that *all* opium *habitués* are liars—moral lepers—who take the drug from mere vicious desire, and so are quite unworthy of trust. We believe that, in many cases, a leading factor in this moral obliquity is the principle of self-protection,—the *habitué's* desire to shield himself from that censure which the common opinion, unjust and untrue, that he is simply a vicious indulger, involves. This opinion aside, this disease, in many cases, regarded, like other diseases, as the outcome of conditions beyond control, and one large incentive to deceit will no longer obtain.

In legal ethics innocence is presumed till guilt is proven. The same rule holds in our treatment of these patients. We extend confidence,—deem them worthy of trust till proven otherwise,—and think we enhance a good result in so doing. To regard them as culprits, under constant suspicion, is not our plan. No one will submit to such espionage without a sense of resentment that is likely to imperil the cordial relations that should ever exist between patient and physician, and so thwart success. (*Vide* paper by the writer, "The Ethics of Opium *Habitués*.")

Treatment begun, it must be continued along such lines as will avoid the risk of painful conditions that impel to secret taking, even at the loss of honor and ultimate success. In the plan we pursue this risk does not largely obtain. It is no surprise that patients forced to endure the suffering of sudden, entire disuse, shrink from nothing to end their distress. Little wonder they require restraint, and little doubt that the torture of such a brutal ordeal is the largest factor in this coercive need.

As between the method we commend and the Levinstein plan, comparison is odious. In this day of advanced therapeutics it is wrong—more, it is *cruel*—to compel these patients to run the gauntlet of such suffering. Bartholow says, "Having had one experience of this kind, I shall not be induced to repeat it; if for no other, for strictly humanitarian reasons, since the mental and physical sufferings are truly horrible."

The claim that this barbarous treatment is the "only safe one" is *false.* More than one death has been charged against it, while the unrecorded life loss none can know. And the number who come perilously near to dying is not small. Of twenty-two cases thus treated by Levinstein, seven were in imminent danger of death, and only saved by the prompt injection of morphia. Obersteiner cites similar cases: tells of violent vomiting, repeated eighty times in twenty-four hours; of "such intense prostration that the patient was thought dead;" and admits it "the cause of very great suffering, or even jeopardizing life."

The claim that this inhuman treatment is the "only one to secure the patient against relapse" is *false.* Most of Levinstein's and Obersteiner's patients had return of their disease, "notwithstanding the unwarrantable tortures to which they were subjected." Dr. Jennings truly says: "Dreadful as are the tortures inflicted, they do not, as a matter of fact, afford any safeguard against relapse."

Men high in the profession may advise such treatment, but we feel bound to say that it is the "cruelty of ignorance" or a heartless disregard of suffering, either of which is without excuse. Modern medicine has much to aid in treating this disease, and the medical man who is not abreast the times along this line had best consign such cases to other care. The ignorance or inhumanity of any physician who would counsel and compel the torture of such practice, save under conditions peculiar and beyond control, merits his being made defendant in a suit for malpractice.

We care not who advocates it, and speak strongly, but advisedly, for the reason that our experience proves, beyond question, that the opium slave can be brought out of his bondage without such suffering as this treatment entails.

Marked advance has been made in the treatment of this disease. The method we present is the outcome of more than twenty years' study and experience. It has been proven humane and successful, and it promises, in many cases, a prompt, positive, and permanent cure.

Selections from Reports of Members of the Annual's Editorial Staff.

Denmark.

DR. F. LEVISON,
REFERENT FOR DEN DANSK LITTERATUR VEDRÖRENDE: ALMINDELIG MEDICINSK PATHOLOGI OG THERAPI, DERI INDBEFATTET, NERVE- OG SINDSSYGDOMME, PÆDIATRIK, OBSTETRIK, GYNÆKOLOGI, HYGIEINE, DEMOGRAPHI, RETSMEDICIN, PATHOLOGISK, ANATOMI, BAKTERIOLOGI.

Alle medicinske Böger, Disputatser, Monographier, Tidsskrifter, etc., der adkomme i Danmark bedes sendt til

DR. LEVISON,
Norrevoldgade, 13,
Köbenhavn.

Poisoning by Sulphonal.—FRIEDENREICH mentions two cases of lethal poisoning with sulphonal. The symptoms were: Paralysis of all the muscles, especially those of the throat, so that patients were not able to swallow even water, and intense pain in the abdomen and extremities. The urine was of a special dark-red color; this symptom appears before the more alarming ones.—*Hospitals-Tidende*, 1892, p. 705.

Pathology of Hypnosis.—KRARUP observes that the portions of the brain whose functions are diminished during hypnotic sleep receive the blood from the internal carotid arteries, while the portions of the central nervous organs, which, during hypnotic sleep, are in a state of increased activity, are supplied by the vertebral arteries. In his opinion, the carotid arteries are contracted during hypnosis, and this is corroborated by the fact that the face is flushed at the same time, probably on account of a collateral fluxion to the external carotid arteries; the vertebral arteries are, on the contrary, dilated. By this supposition all the symptoms manifested during the sleep by the eyes, lachrymal glands, masseter muscles, etc., can be explained. The hyperæmia of the cord and of the pons Varolii is, in his opinion, the cause of the cataleptic state of the muscles, which is more pronounced in the upper than in the lower extremities.

For the many interesting details of the paper, readers must be referred to the original.—*Hospitals-Tidende*, 1892, p. 777.

Etiology and Pathology of Chorea.—FRIIS has collected ninety-three cases of chorea treated in the communal hospital of Copenhagen. Of the patients thirty-four were more than 15 years old (six men, twenty-eight women); one man and seven women had suffered from chorea from an early age.

The disease appeared in four men after rheumatic fever, in one after faucial diphtheria. In the women the chorea was caused by pregnancy (6), childbirth (1), ovarian tumor (1). In most of the cases the mind was somewhat deranged, and in some of them there was an evident fatuity or a real psychosis.

Of four autopsies, only one threw any light upon the cause of the choreic movements.

A woman, 49 years old, had suffered from a syphilitic hemiplegia, from which she had recovered. In the last period of her life there was universal chorea. At the autopsy, atrophy of the anterior portions of the ventricular ganglia, especially on the right side, was found. In the ganglia there were

softened portions the size of a pea; a softened portion was also found in the cerebellum.—*Hospitals-Tidende*, 1892, p. 661.

Etiology of Tertiary Syphilis.—HASLUND states that in 1882–91, 6364 cases of syphilis were treated in the hospital; of these, 791 had tertiary symptoms (12.4 per cent.); in most of the cases the tertiary symptoms manifested themselves in the four years following the infection. Two hundred and thirty-one patients had never been treated for syphilis, 461 had only had an insufficient treatment, only 99 had been properly treated before the appearance of the tertiary symptoms. As predisposing causes for the appearance of tertiary symptoms may be noted chronic alcoholism, infection in late years, the presence of other chronic diseases, great debility, especially when caused by pain, infection in tropical climate, malaria or climate fever, idiosyncrasy against treatment with mercury. The skin and the bones were most frequently attacked in men as well as in women, but the nervous system was the seat of the disease in 144 men and in only 56 women.

Tertiary symptoms are often provoked by a traumatism, as, for instance, vaccination with good and healthy vaccine, a blow, etc.—*Bibliothek for Läger*, 1892, p. 282.

Skin Eruptions Produced by Arsenic.—RASCH observed a lady, 62 years old, suffering from eczema seborrhœum behind the ears. After treatment with arsenic, an universal erythrodermia or pityriasis rubra developed, but disappeared again. She continued the use of arsenic, 9 milligrammes (gr. $\frac{1}{7}$) per diem, for a year, and was then attacked by herpes zoster hæmorrhagicus ulceraturis, extending over a large part of the body and healing with pigmented scars; later there appeared, also, a diffuse swelling of the skin of both palms. All these symptoms disappeared in three months without treatment by discontinuing the use of arsenic; but other symptoms remained,—dryness of mouth and throat, insomnia, vomiting sometimes of blood-tinged fluid, and, worst of all, an asthenic state, with paresis of the lower extremities.

A phthisical patient was, after two days' use of a moderate dose of arsenic, attacked by acute bulbous dermatitis.

As the result of his own and other authors' experiences, Rasch advises not to give arsenic to alcoholics, arthritics, or to old and feeble patients, or such as suffer from diseases of the kidneys or intestines. Not only many skin diseases recover as well without arsenic, but it is very probable that this remedy is the real cause of the universal red, scaling dermatitis, which sometimes appears in the course of psoriasis and other skin diseases, and which is often accompanied by symptoms recalling those of chronic poisoning with arsenic, viz., loss of hair and nails, formation of pemphigus bullæ and pustulæ, superficial ulcerations of the tongue, etc.—*Bibliothek for Läger*, 1892, No. 8.

Treatment of Fibromyoma Uteri.—HOWITZ mentions the treatment of fibromyoma uteri. In many cases the expectant plan is advisable. Injections of ergotin have often diminished the hæmorrhages and even controlled

the growth of the tumor. The effects of Apostoli's treatment in his clinic are mentioned by Kjorgaard. In twenty-one cases the author has performed ovariotomy for the cure of fibromyoma. All the patients survived the operation; in eight cases the fibromyoma disappeared almost completely after the operation. In thirty-five cases he removed the uterus by supra-vaginal amputation; nine of the patients died. The author prefers ovariotomy when it is possible to do this operation, as it is less dangerous than amputation.—*Gynækologiske og Obstetriciske Meddelelser*, B. ix, p. 48.

Denmark.

DR. HOLGER MYGIND,
REFERENT FOR DEN DANSK LITTERATUR VEDRÖRENDE: ALMINDELIG KIRURGI, OPHTHALMOLOGI, LARYNGOLOGI, OTOLOGI, ANATOMI, HISTOLOGI, PHYSIOLOGI, DERMATOLOGI, SYPHILIDOLOGI, SAARSYGDOMME (TETANUS, HYDROPHOBI, ETC.).

Alle medicinske Böger, Disputatser, Monographier, Tidsskrifter, etc., der adkomme i Danmark bedes sendt til DR. LEVISON, (f. d. DR MYGIND), Norrevoldgade, 13, Köbenhavn.

Peri-uterine Suppuration (Pyocele Peri-uterina).—A. IVERSEN, of Copenhagen, reports 24 cases of peri-uterine suppuration (pyocele peri-uterina) treated surgically. In 17 cases laparotomy was performed; of these, the operation wound was immediately closed in 2 cases, as the exudate was found to be situated too far away, and no further surgical treatment was adopted; in 7 cases the abscess was opened simultaneously, the result being recovery in 6 patients and death in 1, from general peritonitis, on the third day; in 8 cases the abscess was not opened until some days after the laparotomy (on account of no adhesions, or only a few, being present), thermo-cauterization, as a rule, being used, the result being recovery in 7 patients and death in 1, four months later, from sepsis. In 9 out of the 17 cases secondary vaginal drainage was adopted. In 1 case para-sacral incision was performed; this patient died from hæmorrhage on the second day. In the remaining 6 cases the suppuration was treated by means of vaginal hysterectomy after Péan-Segond's method (*Bulletin and Mémoire de la Société de Chirurgie*, 1891, p. 153), Iversen, however, not considering himself justified in removing the uterus in its entirety in any of these cases. Recovery followed in all of the cases.—*Hospitals-Tidende*, 1892, Nos. 32–36.

Tuberculous Stricture of the Intestines.—S. ZAHLMANN reports a case of tuberculous stricture of the intestines removed by Tage Hansen, of Aarhus, Denmark. The patient, a young girl aged 17 years, had been previously treated for tuberculosis of the fingers and the toes. For one and one-half years she had exhibited signs of stricture of the intestines, and at the laparotomy the entire cæcum, with the adjacent parts of the ascending colon and ileum, was found to be the seat of a mass of tubercular deposits, which had produced a stricture three centimetres long, of a diameter corresponding to that of a slate-pencil, while the walls were about one and one-half centimetres thick. Six inches of the ileum, the entire cæcum, and four inches of the ascending colon were removed, and the healthy ends of the ileum and the colon united by means of Lembert's sutures, the difficulty in

adapting the different layers of these two intestines to each other being overcome by means of dividing the ileum by an oblique section. Complete recovery had been maintained six months after the operation, when the case was published.—*Hospitals-Tidende*, 1892, No. 36.

Thyroidectomy in Struma.—S. ZAHLMANN reports seven cases of operated cases of struma, which form the basis of an article; Tage Hansen, of Aarhus, Denmark, was the operator. The thyroid gland was in all cases removed, after Kocher's method, two of the patients being a deaf-mute brother and sister; the latter died suddenly at the commencement of the operation (cause unknown), while the remaining patients recovered completely. The tumors removed were principally of the glandular, hypertrophic form, partially cystic. In some cases up to ten years have elapsed since operation without recurrence or any signs of cachexia strumipriva.—*Hospitals-Tidende*, 1892, No. 40.

The Dietetic Use of the Thyroid Glands of the Calf in Myxœdema.—HOWITZ, of Copenhagen, reports a marvelous case of myxœdema in a lady, aged 42 years, whom he treated by feeding with the thyroid glands of calves prepared as a palatable food, beginning with two glands per diem. Improvement began as soon as four days after the commencement of the treatment; the œdema disappearing, under abundant perspiration and diuresis, with increased action of the heart and slight attacks of fainting. As urticaria appeared, the treatment was discontinued for a short time, and later only one gland every second day was given. In less than two months the patient felt perfectly well, although a little weak; she looked fifteen to twenty years younger, had lost thirteen kilogrammes in weight, every trace of œdema had disappeared, the voice had become natural, and the hair on the eyebrows began to appear again. The patient has been perfectly well since, and the hair of the scalp grown considerably.—*Ugeskrift for Laeger*, 1892, Nos. 7, 8.

Centripetal Movement of the Blood.—J. BJERRUM has observed a case of embolism of the central retinal artery, in which he was able to observe distinctly the circulation of the blood in one of the arteries coming from one of the principal branches of the central retinal artery, on account of small lumps being present in the blood. During two days he was able to detect with certainty a centripetal movement of the blood in the said artery; on the third day, however, the artery had the same appearance as the other.—*Nordisk Ophthalmologist Tidskrift*, vol. iv, p. 170.

Recurrent Chronic Choroiditis.—J. BJERRUM, of Copenhagen, relates a case of recurring chronic choroiditis in a patient who had previously suffered from recurring urticaria. The disease appeared as an iritis, with posterior synechiæ and opacities of the corpus vitreum; during each winter the sight was so bad that the patient could hardly find her own way, while each summer the sight (especially in the beginning of the disease) was almost normal, later, however, decreasing. The disease had lasted for nine years. Eye-ground normal.—*Nordisk Ophthalmologist Tidschrift*, vol. iv, p. 80.

Abnormalities of Situation and Form of the Abdominal Organs in Woman as a Consequence of Tight-Lacing and Pendulent Abdomen.—P. HERZ, after examining fifty female adult cadavers, only found five in which the topographical relations of the upper abdominal organs were tolerably normal, and in many cases the abnormalities were considerable; the liver being especially dislocated and altered in shape.—*Thesis*, Copenhagen, 1892.

Osseous Canalization of the Knee-Joint.—E. TSCHERNING, of Copenhagen, in referring to Drobnik's article on osseous canalization of the knee-joint (*Centralblatt für Chirurgie*, 1892, No. 2), calls attention to the fact that he performed successfully this method of treatment as early as 1886 in a case of arthrectomy of the knee-joint.—*Hospitals-Tidende*, 1892, No. 18.

BOSTON MEDICAL LIBRARY ASS'N. MAR 8 1894

Russia.

DR. J. DRZEWIECKI,

РЕДАКТОР-КОРРЕСПОНДЕНТ из области русской литературы, касающейся: Общей медицины и терапіи, педіатріи, акушерства, гинекологіи, ларингологіи, отологіи, гигіены, демографіи, судебной медицины, гистологіи, бактеріологіи, анатоміи и физіологіи.

Всѣ періодическія, медицинскія изданія, сочиненія, стат'и, монографіи и т. д., изданныя на русском языкѣ и касающіяся вышепоименованных предметовъ должны быт' адресованы на имя

ДРА ДРЖЕВЕЦКАГО.

87 Краковское Предмѣст'е, Варшава.

On the Influence of Certain Professions upon Mortality in Phthisis.—BARANOFF, in his inaugural thesis, gives statistics concerning the influence of certain occupations upon the mortality in phthisis in St Petersburg. He examined all the medical certificates of those persons who died of phthisis during the space of ten years,—that is to say, from 1881 to 1890,—as well as all the other certificates of persons who succumbed to other diseases during a lapse of three years. He also ascertained the number of persons occupied in the different trades in St. Petersburg, in order to enumerate the mortality by phthisis for each trade. In order to verify this account, he profited by the statistical returns of the population in St. Petersburg, which were made each year from 1881 to 1890. The conclusions are as follow:—

1. That, for the most part, the trades exercising a pernicious influence upon individuals are those which produce the most dust.

2. That mortality from phthisis is much greater among those persons whose work is sedentary than from any other malady.

3. That, contrary to the opinion of certain authors, vegetable dust must be considered much less hurtful than mineral, and animal dust as the most dangerous, since they may act as a mode of transportation for tuberculous bacteria.

4. That, likewise, all those who pretend that the work of typesetting does not predispose to phthisis are in the wrong; typesetters attacked by consumption succumb most rapidly.

5. That the occupation of blacksmithing, which is mostly undertaken by robust and healthy men, causes great mortality.

6. It must also be admitted that excessive singing likewise predisposes to this malady and hastens its progress.

7. It would appear that domestic service, in which is also included that in restaurants, has no influence upon the health as regards predisposition to phthisis.

8. That all occupations requiring long and tiresome physical labor greatly shorten the life of consumptives.

9. That phthisis in hack-drivers makes slow progress and attacks them less frequently than any other artisans.

10. That the work of bathing-masters has a favorable influence upon their health in preserving them from consumption.

11. That the minimum age of persons dying from phthisis is as follows:—

Typewriters,	30.9 years.	Shoemakers,	4.34 years.
Painters,	31.5 "	Sculptors,	34.5 "
Singers,	31.6 "	Chimney-sweeps,	34.5 "
Waiters,	31.6 "	Carpenters,	34.8 "
Upholsterers,	33.5 "	Blacksmiths,	35.1 "
Joiners,	33.6 "	Factory-hands,	35.2 "
Plumbers,	33.7 "	Copyists,	35.7 "
Tailors,	33.8 "	Teamsters,	36.2 "
Clerks,	34.0 "	Day-laborers,	36.9 "

12. In dividing the occupations according to the mortality by phthisis,—that is to say, the number of persons in each trade,—we have the following results:—

Copyists,	16.2 per mille.	Upholsterers,	9.2 per mille.
Turners,	14.7 "	Painters,	9.2 "
Factory-hands,	13.0 "	Carpenters,	8.6 "
Pavers,	13.0 "	Ropemakers,	8.5 "
Engravers,	12.6 "	Typewriters,	8.3 "
Locksmiths,	11.7 "	Bronzers,	7.8 "
Hair-dressers,	11.5 "	Roadmakers,	7.8 "
Blacksmiths,	11.2 "	Shoemakers,	7.7 "
Tailors,	10.8 "	Joiners,	7.3 "
Bookbinders,	10.5 "	Tin-workers,	7.2 "
Plumbers,	10.1 "	Coppersmiths,	7.2 "
Jewelers,	9.6 "		

13. The following figures show the maximum mortality by phthisis in comparison to general mortality:—

Engravers,	58.3 per mille.	Clockmakers,	47.4 per mille.
Hair-dressers,	53.2 "	Coppersmiths,	47.1 "
Compositors,	53.1 "	Bookbinders,	46.4 "
Bronzers,	52.7 "	Tin-workers,	46.4 "
Tailors,	50.9 "	Locksmiths,	46.9 "
Roadmakers,	50.6 "	Shoemakers,	46.7 "
Copyists,	50.4 "	Furriers,	46.2 "
Jewelers,	50.1 "	Boxmakers,	45.6 "
Upholsterers,	48.5 "	Carpenters,	45.1 "
Singers,	47.6 "		

14. In considering the liberal professions, it is impossible to arrive at a positive result as to the influence of their occupations upon mortality by phthisis, the more so since the majority of these persons, upon being threatened with consumption, leave St. Petersburg. Among these many are

physicians, who well know the danger consequent upon their sojourn in this city. We can, therefore, only state that from 1881 to 1890 only 46 physicians died of consumption in St. Petersburg, while in the space of only three years 64 physicians died of other maladies. The total number of physicians, according to the census, in 1881, was 1311; and in 1892, 1530.

We must also state the age reached by persons following the liberal professions: employés in general die of consumption at the age of 44 years, of other maladies at the age of 58; phthisical physicians reach the age of 45, and in other maladies 55; consumptive officers live to the age of 42, and those attacked by other maladies to that of 53; priests and laymen live the longest; they die of consumption at 50 years, and of other maladies at 62.—*Thèse inaugurale*, St. Petersburg, 1892.

The Influence of Kumyss on Menstruation.—THOMINSKI has observed the influence of kumyss on menstruation in three cases, one case of which deserves particular attention. A woman, 39 years old, in the last five to six years menstruated every ten days or two weeks, the flow lasting seven to nine days, and being very abundant. In the years 1889 and 1890 she was treated by specialists, who found endometritis fungosa; but she did not consent to scraping (excochleatio), and used only injections of Savage's solution, two or three times, in order to arrest hæmorrhage, but without any effect. In the summer of last year she went to Samara, on account of her children's health, where she drank kumyss from June to July 20th. During the kumyss treatment the menstruation set in every five to six weeks; her strength improved; the quantity of blood lost was considerably diminished. Now she menstruates every three weeks, and in less degree than formerly; so that she does not see any necessity for undergoing special treatment. Besides two other cases of such good effects of kumyss on irregular menstruation, the author has seen, also, in one case, the arrest of abundant nasal hæmorrhage after the kumyss treatment.—The works of the Society of Russian Physicians in Moscow of the first half year 1892, from *Vratch*, No. 47, 1892.

The Urine of Lunatics.—F. GADZIATSKI has examined, in the clinic of Mierzejewski, the urine of 68 lunatics (46 men and 22 women) for sugar and albumen. The patients' ages varied between 21 and 84 years. For the most part the morning urine was examined, and in almost every case the examination of urine was repeated several times. The sugar (in quantity of 0.5–0.6 per cent.) was found only in one case of paralysis progressiva in its last degree. In this manner it must be supposed that excretion of the sugar in the urine has no connection with such psychical and physical changes as are characteristic in the most part of psychical disorders. The complication of psychoses with glycosuria is also very rare; the author, looking over the journal of the psychiatrie clinic for the last twenty-five years for other cases found, out of more than 1500 cases, only one of diabetes, and that only of slight degree, probably on account of disorders of the sympathetic system. On the contrary, albumen was found with 22 patients, —*i.e.*, 32 per cent.—*Thesis*, 1892.

Russia.

DR. C. SZADEK,

РЕДАКТОР-КОРРЕСПОНДЕНТ
изъ области русской литературы, касающейся: Общей хирургіи, дерматологіи, ѐнфалографіи, хирургическихъ болѣзней (столбняк, водобоязнь и т. п.).

Всѣ періодическія, медицинскія изданія, сочиненія, стат'и монографіи и т. д., изданныя на русскомъ языкѣ и касающіяся вышеупомянутыхъ предметовъ, должны быть адресованы на имя

ДРА ШАДКА.

2, Театрал'ная улица,
в Кіевѣ.

Morphology of the Microsporon Furfur.—KOTLAR has presented in a long paper, embodying an historical account of this fungus, the results of his investigations and experiments in reference to the morphology and biology of the vegetable parasite of tinea versicolor. He states that the fungus recently described by Sehlen and Unna (*Monatsh. f. prakt. Dermatologie*, No. 11, 1890) is not the specific parasite of tinea versicolor, which is very different from the true microsporon furfur. From his microscopical and bacteriological observations, the author draws the following conclusions: The parasite of tinea versicolor is composed of mycelium and spores, the cultures of which do not liquefy gelatin; the mycelium forms, on the surface of the gelatin, a membrane, and never forms scattered or blackish points; old cultures of the fungus form a brownish membrane which is composed only of spores; the mycelium is seen in the form of narrow, colorless threads, frequently crossed; but these threads never join or ramify; they vary from $\frac{1}{4}$ to 1 millimetre in breadth; the capsule of the threads is homogeneous and very thin; the spores are round or oval, are arranged in rows or chains, and vary in diameter from $\frac{3}{4}$ to 1 millimetre; the spores showed a strong tendency to growth; inoculations into rabbits give positive results.—*Wratsch*, Nos. 42, 43, 1892.

Rupture of the Jugular Vein.—MATWIEYEW reports a case of rupture of the vena jugularis, with subsequent entrance of air into the vessel during an operation for the removal of a large sarcomatous tumor, which was on the right side of the patient's neck. The patient, a girl of 15 years, suddenly died with symptoms of intense anæmia and shock. Post-mortem examination showed that the walls of the vessel were adherent to the capsule of the neoplasm.—*Wratsch*, No. 42, 1892, p. 1057.

A Case of Thymic Asthma in a Newborn Child.—LEBIEDINSKY reports the case of a newborn infant that suffered from urgent, periodical dyspnœa and asthma, due apparently to the pressure of an enlarged thymus gland upon the trachea. All the symptoms of obstruction of the air-passages were present. Percussion over the sternal region gave dullness. A year afterward all abnormal symptoms had disappeared and complete recovery soon followed. Lebiedinsky states that the various affections and enlargements of the thymus gland are a frequent cause of asthma in children, but that the disease rarely ends in death; in most cases recovery follows. The author includes in his paper a careful review of the literature of the subject.—*Wratsch*, No. 42, 1892, p. 1059.

Sweden.

DR. F. EKLUND,
BREFVAXLANDE MEDARBETARE FOR DEN SVENSK MEDICINSK LITTERATUR.

Af alla i Sverge utkommande medicinska tidskrifter, böker, afhandligar, monographier a. s. v. tonde ett exemplar benaget afversandas till

DR. ABRAHAM FREDRIK EKLUND,
Sibyllegatan, 3 A,
Stockholm.

Treatment of Pulmonary Tuberculosis.—O. Torstensson inveighs against the routine practice of prescribing creasote-pills, as they produce an untoward effect on digestion. The restoration of the affected lung-tissue to a more nearly normal condition, and the conservation of the functional activity of the stomach are the two principal ends to be obtained in treatment. Torstensson warns against all excess in eating and drinking. He strictly forbids the use of all strong spirituous liquors, as cognac, whisky, and port-wine; but allows a glass of beer at meal-time. The diet must be principally vegetable. Well-cooked oatmeal-porridge, with a little fried herring, may be allowed for breakfast; at the other meals more solid food is to be preferred to liquids. Foods giving rise to flatus are to be avoided as much as possible. Common substantial home fare may be used. Cabbage, fruit, soup, and even clear broths are not to be tolerated; new milk is much better as a substitute. In the summer, treatment is composed essentially of moist, hot-air baths, followed by the shower-bath or ring-douche of water as cold as spring-water, for a few seconds only. Rest and quiet, especially after meals, is of paramount importance; long walks before meals are injurious to health, but the patients should, nevertheless, pass their mornings in the fresh air. Toward noon Torstensson makes an injection into the glutei muscles of 1 to 3 grammes (15 to 45 minims) of the following solution:—

℞ Cinnamylic acid,	. . . . .	3.75 grammes (60 grains).
Guaiacol,	. . . . .	35.00 grammes (ʒix).
Olei olivæ calore sterilis,	. . .	65.00 grammes (℥iij).—M.

As an alternative the author has used the tricyanide of gold, or Kleb's tuberculocidin. In the evening the patient receives, in bed, a clyster of a teacupful of wheaten gruel, in which is incorporated a teaspoonful of the following mixture:—

℞ Cinnamylic acid,	. . . . .	3.50 grammes (55 grains).
Creolin.,	. . . . .	7.50 grammes (ʒij).
Tinct. theb. benzoic.,	. . .	25.00 grammes (ʒviss).
Creasoti,	. . . . .	75.00 grammes (℥iiss).—M.

In this way Torstensson introduces into the body a sufficient quantity of creasote—3 to 4 grammes (¾ to 1 drachm)—daily. The clysters must be given every evening for one or two years, but with intervals of a fortnight between each series.—*Eira*, vol. xvii, No. 2, pp. 33–40.

"Traitement Forcé" in Scoliosis.—Ernst Åberg denies that scoliosis is a disease. He looks upon it as a malformation, resulting from the bad habit of leaning the body toward a wrong position, which, later, becomes permanent by reason of the weakness of the parts acted upon, and their slight power of resistance due to deficient nutrition,—*i.e.*, scoliosis is an

exaggeration of a pure physiological act. After refuting the theories of Adams, Malgaigne, Guérin, and Volkmann, the author gives the principles of his own method of treatment, which is grounded on the following axiom: "When Nature's own forces, having been misdirected, are capable of producing such alterations of structure, they must also be sufficient for their restoration to the normal, if they are exercised and used in the proper direction." It is necessary that the principal movements be such as act especially upon the dorsal muscles of extension, flexion backward, forward, and laterally, as well as upon those of rotation; all these to be determined by the condition of the case in question. Force, symmetry, and precision must be scrupulously observed. The manifest and immediate effect of this method of forcing the displaced vertebræ, under strong pressure, to move in the right direction under the influence of pressure with motion, that constitutes the essential novel fundamental principle in this treatment, is, indeed, astonishing in the highest degree; so that the prognosis is not by far as desperate and unfavorable as it is generally held. The author is persuaded that even in cases of the third degree, with decided so-called confirmed alteration of structures, and that are regarded as absolutely irremediable, may be cured if they come under the surgeon's care before they have reached the age of 20 years.—*Hygiea*, vol. l, No. 1, pp. 15–30.

The Treatment of Chancroid by Means of Heat.—Edward Wehlander, in view of the well-known results of the researches of W. Boeck, that the virulence (bacillus) of chancroid is killed at a temperature of 45° to 50° C. (113° to 122° F.), and from the results of his own observations in three cases of fever (acute articular rheumatism, bilateral pneumonitis, and ileotyphus), with high temperature, in patients suffering from chancroid, applies a coil of lead pipe covered with moistened absorbent cotton over the whole surface of the chancroids down to the bottom; warm water is then passed through the coil. Over the moistened cotton covering the coil Wehlander applies a piece of thin rubber cloth and fixes it in place with a bandage. The temperature of the water passing through the coils was kept uniformly at about 42° to 45° C. (107.6° to 113° F.). In all cases, without exception, the virulence had disappeared after two or three days at the utmost.—*Hygiea*, vol. lv, No. 1, pp. 55–59.

Lysol in Obstetrics.—C. M. Groth employs a strong solution of lysol ($1\frac{1}{2}$ per cent.) for washing the hands of the midwives and pupils and for cleansing the skin around the pudenda of the lying-in women; a weaker solution ($\frac{3}{10}$ per cent.) is used for washing the pudenda and for vaginal irrigation. The stronger solution of lysol is four times cheaper than a corresponding solution (5 per cent.) of carbolic acid, and the weaker solution is eleven times cheaper than the corresponding solution ($2\frac{1}{2}$ per cent.) of carbolic acid.

The general health in the maternity wards during the lysol year (September 1, 1891, to August 31, 1892) was very good. The death-rate (from puerperal fever) was 0.21 per cent., while in the preceding eight years the average death-rate was 0.23 per cent.—*Hygiea*, vol. lv, No. 1, pp. 50–54.

Recent Suggestions in Therapeutics.

Asthma.
℞ Strych. nitrat., gr. 1-12 (0.005 grm.); ext. euphorbii pilulif. fld., ext. grindeliæ robustæ, syr. cinnamomi, ℥ss (15 grms.). M. Sig.: Two teaspoonfuls daily. (E. Blair, *The Medical Week*, Feb. 3, 1893.)

Carbuncle.
Apply 2 % spray of acid carbol. or chloral hydrat., 2 hrs. at a time, t. i. d. In intervals cover with antiseptic dressing. When suppuration is deep, make circular incisions round periphery of tumor; deep excavations are cut out with thermo-cautery; then finish with spray. Alkalies, bromides, and antiseptics internally. (Verneuil, *The Medical Week*, Feb. 3, 1893.) Free crucial incision down to sound tissue; tumor is then excised; alkalies and tonics internally. (Lannelongue, *The Medical Week*, Feb. 3, 1893.)

Chloasma.
℞ Hydrarg. ammoniat., bismuth subnitr., ℥ss p. 2½; olei olivæ, p. 1; ungt. glycerinat., p. 4. M. Sig.: Apply to affected parts until a moderate dermatitis is produced, then use, ℞ Beta-naphthol, p. 5-10; zinci oxidi, pulv. amyli, ℥ss p. 12½; vaselini, q. s. ad p. 50. M. (Saalfeld, *Brit. Journ. of Dermatology*, Feb., 1893.)

Colic.
Intestinal. Mist. asafœtidæ, ʒj (4 grms.); sodii bromidi, gr. iii¼ (0.15 grm.). M. Sig.: Dose for an infant of 1 to 3 months. (Bartholow, *Le Progrès Médical*, Feb. 4, 1893.)

Croup.
Spasmodic. Ext. cocillanæ fld., gtt. ij to child of 18 mos.; gtt. iv to child of 6 yrs.; gtt. x-xx to adult, in syrups of orange and acacia every 2 or 3 hours. (J. V. Shoemaker, *Medical Bulletin*, Feb., 1893.)

Diphtheria.
℞ Acid. carbol. cryst., acid. citrici cryst., ℥ss gr. xlv-lxxv (3-5 grms.); spts. vini gallici, f℥iij (100 grms.). M. Sig.: Apply locally. (Osgoowski, *Medical Bulletin*, Feb., 1893.)

Dysentery.
Aristol, gr. v (0.33 grm.) in capsule every 3 hours. (J. B. Brooke, *Medical Bulletin*, Feb., 1893.)

Dysmenorrhœa.
℞ Ext. Cannabis Indicæ, ext. belladonnæ, ℥ss gr. j (0.065 grm.); ol. theobromæ, ʒiss (6 grms.). M. et ft. suppos. no. j. Sig.: Use every night for 5 nights previous to anticipated period. (J. B. Mattison, *Ann of Gynæc. and Ped.*, Feb., 1893.)

Fissure of Anus
℞ Ext. conii, ʒij (8 grms.); olei ricini, f℥iij (12 grms.); ungt. lanolini, q. s. ad ℥iij (90 grms.)—M. (Harrison Cripps, *Medical Bulletin*, Feb., 1893.)

Freckles.
Cover affected parts with compresses soaked in a 1-per-cent. sol. of sublimate in a mixture of equal parts of alcohol and water; keep moist for four hours, when bullæ will have formed. Open these and dust with some inert powder. (Saalfeld, *Brit. Journ. of Dermatology*, Feb., 1893.)

Hæmoptysis.
If severe, raise the chest, give opium; gallic acid, gr. xv. (1 grm.), every 15 minutes; ergotin, gr. v-x (0.33-0.65 grm.) hypodermatically, 2 or 3 times daily; ice-bags to the chest; as last resort, ligate thigh or arm. (Tyson, *Medical and Surgical Reporter*, Feb. 18, 1893.) ℞ Ext. hamamelidis fld., ext. cinchonæ fl., ℥ss ʒij (8 grms.); ext. glycyrrhizæ, ʒiiss (10 grms.); aq. destillatæ, Oj. M. Sig.: Shake well; take 1 or 2 dessertspoonfuls every 2 or 3 hours. (Eklund, *Therapeutic Gazette*, Feb 15, 1893.)

Hæmorrhoids.
Internal. Atropinæ sulph., gr. j (0.065 grm.); tinct. ferri chloridi, gtt. xxx; vaselini, ℥j (30 grms.). M. Sig.: Apply locally. (Laplace, *Medical Bulletin*, Feb., 1893.)

Keratosis.
Of Palms and Soles. Soak parts in soda and hot water daily; when epithelium is sufficiently macerated, rub hard with pumice-stone. Then apply Unna's strong salicylic-acid plasters night and morning (to be worn throughout the 24 hours). (T. Colcott Fox, *Brit. Journ. of Dermatology*, Feb., 1893.)

Myxœdema.
One-eighth of a thyroid gland, in powder, given 2 to 7 times a week in lukewarm beef-tea. (Arthur Davies.)—One-half to one thyroid gland daily, eaten raw. (Pasteur.)—One-half a thyroid gland, three times a week, fried sufficiently to make it palatable. (Calvert.)—Equal parts of thyroid juice and glycerin and a 5-per-cent. aq. sol. of ac. carbolic. (ʒiss - 6 grms., equal to one sheep's thyroid). Give ♏x-xv (0.66-1.00 grm.) hypod.; or 4 times as much by mouth. (Murray, *Lancet*, Feb. 4, 1893.)

Otalgia.
Chloral-camphor., 5 p.; glycerin., 30 p.; ol. amygd. dulc., 10 p. M. Sig.: Moisten a small pledget of absorbent cotton with this mixture and insert into the patient's ear. (Chloral-camphor is made by triturating equal parts of chloral and camphor in a mortar.) (*Le Progrès Médical*, Feb. 4, 1893.)

Pityriasis.
Rosea. Ichthyol in paste or ointment, with menthol and warm baths to allay irritation. (Holsten, *Brit. Journ. of Dermatology*, Feb., 1893.)
Versicolor. Losophan in solution (1 % to 2 %) or ointment (1 to 30). (Saalfeld, *Medical Bulletin*, Feb., 1893.)

Tuberculosis.
Of the Skin. Subcutaneous injection of sol. of iodoform (10 %) in ol. olivæ, ʒij (8 grms.) for a dose; sublimate and arsenic internally; mercurial plaster locally. (Eve, *Lancet*, Feb. 4, 1893.)
Pulmonary. Guaiacol, gtt. iv, 4 times daily, after meals and at bed-time, in sweetened water, milk, mild wine, or whisky and water. May also be inhaled from sponges on heated plate, or by mixing with water and applying heat. (A. Jacobi, *Notes on New Remedies*, Jan., 1893.) Creasote by rectum, in emulsion of almond- and olive- oil with yelk of egg, or in hydro-alcoholic solution, gr. ss (0.03 grm.), gradually increased to gr. xv (1.0 grm.) in 24 hrs. (T. Guida, *Notes on New Remedies*, Jan., 1893.)
Suppurative, of Bones and Joints. 1. Protect the joint in early and later stages, whether treated or not. 2. If suppurative area be limited, leave alone, if protective appliance is adequate. 3. Aspirate where abscess prevents proper adjustment of apparatus. 4. Simple incision in slight bone-lesions. 5. Excision of hip, when condition of patient and location and extent of abscess is favorable. 6. Expectant treatment best for knee- and ankle- joint in children. 7. If amyloid disease of the kidneys or liver threaten, or be present, amputate ankle in child; amputate at hip if thorough excision has failed. 8. In Pott's disease apply good-fitting sp int to back in preference to operation. (V. P. Gibney, *Medical and Surgical Reporter*, Feb. 18, 1893.)

Ulcers.
Chronic. *Dermatol* dusted on in a thin layer. (Werther, *Deut. med. Woch.*, 1892, No. 25.)
Syphilitic. Cleanse with *sol. hydrogen peroxide* (2 %), dry with absorb. cotton, and cover with cotton soaked in mixt. of *ac. carbolic.* and *camphor* (1 to 2). Change dressing 2 or 3 t. daily. When surface becomes clean, dress twice daily, either with a mixt. (1 to 4) of *aristol* and *ol. vaselin.* or with eq. pts. of *dermatol* and *vaselin*; cover with *mercurial plaster* twice the size of ulcer. This is also good in simple ulcers, suppurating wounds, chancroids, and buboes. (V. T. Svertchkoff, *Vratch*, 1892, No. 38.)—℞ Hydrarg. chlor. mit., zinci oxidi, ℥ss gr. xv (1 grm.); petrolati, ℥vj (24 grms.); pulv. amyli, gr. xlv (3 grms.). M. ft. ungt. Sig.: Apply locally. (Mauriac, *Medical Bulletin*, Feb., 1893.)

Urticaria.
Aperients, stomachic and bland diet. If obstinate, use soothing baths and apply *glycerole of lead*. *Antipyrin* internally. (Stephen Mackenzie, *Brit. Med. Journ.*, Dec. 10, 1892.)

Vaginismus.
Thymolis, gr. iij (0.2 grm.); extracti belladonnæ, gr. xij (0.8 grm.); potassii bromidi, ℥ss (2 grms.): o'eoi theobromæ, ℥iv. M. et ft. suppositoria no. iv. Sig.: Use 1 suppository in obstinate cases. (Sinety, *Ann. of Gyn. and Ped.*, Feb., 1893.)

Vitiligo.
Apply to affected parts, every night, ointments of sulphur (30 % to 50 %) or caustic soda (3 % to 5 %) until moderate dermatitis is produced. (Saalfeld, *Brit. Journ. of Dermatology*, Feb., 1893.)

Vomiting.
Nervous. *Strontium bromide*, gr. xxx (2 grms.) in water t. i. d. (John Dougall, *Brit. Med. Journ.*, Dec. 10, 1892.)
Of Pregnancy. ℞ *Tinct. iodi. chloroformi*, ℥ss p. aq. M. Sig.: 5 drops in a little water before meals. (S. P. Cottrell, *Cincinnati Med. News*, Nov., 1892.)—Lavage of stomach with *saline sol.* (1 % to 2½ %) twice daily. (Weiss, *Centralbl. f. d. gesammte Therap.*, Aug., 1892.)

Worms.
Ammonii embelate in doses of gr. iiss (0.18 grm.) for children and gr. v (0.36 grm.) for adults. (Wardell, *Les Nouveaux Remèdes*, Jan. 8, 1893.)

Wounds.
Dermatol, as dusting-powder. (Werther, *Deut. med. Woch.*, 1892, No. 25.

Editorials.

THE ANTI-TUBERCULOSIS LEAGUE.

In 1886, Professor Verneuil, of Paris, founded what has since become a great and useful work, *l'Oeuvre de la Tuberculose*, whose special object was to encourage scientific research, not only concerning the causes and means of propagation of tuberculosis, but also its prophylaxis and modes of treatment. A fund was rapidly created, and prosperity so rewarded the efforts of the benevolent people interested as to render possible the establishment of regular triennial congresses, entitled "Congress for the Study of Tuberculosis," two of which have already been held, the first in 1888, the second in 1891.

Distinguished physicians from all parts of the universe responded freely, and the sessions were as interesting as they were fruitful. The general consensus of opinion favored Koch's views, that the disease is chiefly spread by dried sputum, and that the ravages of the malady could, therefore, be arrested by adequate measures. Villemin's demonstration that tuberculosis was an infectious disease, transmissible by inoculation; Pasteur's experiments proving that the agent of transmission in disease was a bacillus; and, finally, Koch's great discovery of the tubercle bacillus, thus received what might be called universal sanction, the whole being controlled by the noteworthy experiments of Cornet, which were published about one month before the first Congress. It will be remembered that this observer inoculated 311 animals with dust taken from rooms occupied by phthisical patients. One hundred and sixty-seven died soon after infection; 59, *i.e.*, one-fifth of the whole number, were found tuberculous, and 85 were healthy. To illustrate the point thus made: a room in a hotel, occupied for six weeks by a phthisical actress, and a workshop occupied by a tailor who had directly communicated the disease to a fellow-workman, were found to be infectious, but *in no case was the dust of the walls infectious where sputum-cups were used exclusively to receive expectorated matter, notwithstanding the fact that the sputum abounded in bacilli.*

No one, of course, disregards the influence of heredity and other assisting conditions, but, to-day, we know that in reality heredity only creates a predisposition to a disease in the great majority of cases. Like all other predisposing causes, the disease may be antagonized and even annulled by proper hygienic measures.

In other words, if tuberculosis of the lungs is a contagious disease, its terrible mortality has been due to our ignorance of its modes of propagation; we are now aware not only of its contagious character, but also of the nature of its infectious principle.

More than this, we know under what conditions its common vehicle becomes potent. It is, therefore, within the range of possibility to prevent its ravages, and to do this by all means possible is the aim of the Anti-Tuberculosis League.

The greatest service that could be rendered, after the unanimous decision had been reached by the Congress that the disease was transmissible, was to prepare a set of instructions for the public—" popular instructions." A few months later these were published in all newspapers and medical journals. A momentary excitement was created, many good resolutions were taken, but soon instructions and Congress were as thoroughly effaced from the average citizen's mind as if they had never existed. The League, founded by Dr. Armaingaud, of Bordeaux, the energetic organizer of marine hospitals for poor children, undertook to render permanent what had been so ephemeral. The plan adopted was indeed of the simplest– no society, no local sections, no offices, no meeting-halls; in other words, no expense not directly applied to the final aim. A willing physician in each town is asked to deliver a public address in his locality, to explain the importance of the prophylaxis measure in question. Five francs (one dollar), sent to a specified printer by each one of his hearers whose interest is sufficiently awakened, enables the sender to obtain fifty copies of instructions. He thus becomes a member of the League and the good Samaritan of his circle of acquaintances, distributing the pamphlets where he thinks they will do the most good. When his supply is exhausted, and his patience still holds out, another five francs secures for him another batch of pamphlets, and he renews his work.

The natural kindliness of French physicians quickly responded to the work, and several men of eminence responded and supported the scheme with their influence and means. Much good is being done, and it is hoped that the terrible mortality of pulmonary tuberculosis in France (one in every six deaths) will eventually be decreased.

The instructions adopted by the Congress of 1888, and proposed by the commission appointed at the time, composed of such men as Cornil, Grancher, Landouzy, Lannelongue, Verneuil, and others, are as follow:—

" Of all diseases tuberculosis is that which has the most victims. In all large towns it counts for a quarter to a seventh in the mortality statistics.

" To explain this high figure, we must know that pulmonary phthisis is not the only manifestation of tuberculosis, as the public wrongly believe. In fact, numbers of cases of bronchitis, pleurisy, meningitis, peritonitis, enteritis, articular and osseous lesions, cold abscesses, etc., are diseases of the same nature.

" Tuberculosis is an infectious, parasitic disease, caused by a microbe; but it is not transmissible to a healthy individual by a sick subject except under the special conditions given below.

" Besides direct hereditary transmission, the tubercular microbe penetrates into the organism by the air-tubes with the air inspired, by the digestive canals and with food, by the skin and the mucous membranes, after excoriations, pricks, wounds, and various ulcerations.

" The most frequent and most-to-be-dreaded source of contagion lies in the spittle of consumptives. Inoffensive while in a liquid state, it is especially when reduced to the state of dry powder that it becomes dangerous. It promptly takes this form when expectorated on the soil, the floor, etc., or

when the spittle stains clothes, coverings, bedding, curtains, etc., or when received into handkerchiefs, napkins, etc.

"Then it is that, dried up and pulverized, they are put into circulation by brooms and dusters, brushing of stuffs, cleansing of furniture, coverings, and clothes. This dust, suspended in the air, penetrates into the air-tubes, deposits itself on cutaneous and mucous surfaces deprived of their epidermis, on ordinary objects serving for the preparation of food, and thus becomes a permanent danger to persons exposed to it.

"The contagious principle of tuberculosis is also found in the dejections of phthisics, whether from intestinal lesions, so frequent in this disease, or whether from the expectoration swallowed by the patient. Very frequently they are seized with diarrhœa, soil the sheets of their bed and their linen, creating a source of infection against which one must guard.

"In consequence, one must be well convinced of the necessity of taking the greatest precautions with respect to the expectoration of consumptives. It should always be received into vessels containing a certain amount of liquid, and not into pulverized matter, such as sand, bran, or ashes. These vessels, cups, etc., should be emptied in the fire and cleansed with boiling water. Never should they be emptied into manure or into courts or gardens, where they might serve as mediums of tuberculosis, upon which poultry could feed.

"The use of vessels should not be limited to hospitals and private houses; they should undoubtedly be adopted in all public establishments, barracks, work-shops, railway-stations, and other centres.

"The same precautions should be taken in all expectorative diseases, whatever they may be. In fact, all diseases where expectoration takes place can be transmitted by the dried and pulverized expectoration: pneumonia, inflammation of the chest, pulmonary congestions, measles, whooping-cough, diphtheria, bronchial catarrh, etc., and certain forms of laryngitis and bronchitis.

"Linen stained with dejections from tubercular subjects should not be dried, but soaked and allowed to remain some time in boiling water before being given out to be washed; otherwise, it should be burnt.

"Objects used by tubercular patients—linen, bedding, clothes, articles of toilet, hangings, furniture, toys, etc.—should be well disinfected by means of heat, steam, boiling water, sulphur-vapor, etc."

"1. If the expectoration of consumptives, as well as their alvine excrements, are the most common means of propagating tuberculosis, they are not the only means.

"The parasite of the disease can be met with in the milk, the meat, and the blood of sick animals which serve as food to man: ox, especially cow, rabbits, poultry.

"Milk, the source of which is most generally unknown, should attract the special attention of mothers and nurses, because of the aptitude of young children to contract tuberculosis. (In Paris two thousand children die annually under the age of 2.)

"The mother affected by tuberculosis should not suckle her child; she

should confide it to a healthy nurse, living in the country, in a house where no consumptives live. Here, under good hygienic conditions, the risks of tubercular infection are much less than in towns.

"If the child cannot be fed at the breast, and it is fed on cows' milk, it should always be boiled.

"The meat of tubercular animals should be prohibited. The public has every interest in assuring themselves that the inspection of meat exacted by the law is regularly and rigorously carried out.

"The custom of drinking blood in slaughter-houses is dangerous, besides being useless.

"2. Every individual has not the same aptitude to contract tuberculosis; there are subjects *particularly* predisposed. These should redouble their precautions to avoid any of the means of contamination mentioned above. Such are:—

"(*a*) Persons born of tubercular parents or belonging to families in which several members have been affected by tuberculosis.

"(*b*) Those weakened by privations or excess. The abuse of alcoholics is especially hurtful.

"(*c*) Individuals attacked by measles, whooping-cough, small-pox, and especially diabetes. Also those in convalescence from any of these maladies."

The strictness of medical ethics in the United States might cause a false interpretation to be placed on the motives of a physician who would undertake to lecture to an assemhly of lay members of his community upon any class of diseases. Could not this difficulty be overcome by modifying in a measure this part of the plan, and employing, say, the newspapers, anonymously, to inform the public of the good that *could* be done by a concerted action such as that of the League? No country can boast of a greater proportion of public-spirited and generous citizens than the United States. None respond more quickly to an appeal for the relief of suffering than Americans, rich and poor. But little would be asked; much good could be done.

Reviews.

CHARAKA-SAMHITA translated into English, edited and published by ABINASH CHANDRA KAVIRATNA, editor of Charaka-Samhita and of Susruta-Samhita, with commentaries, etc. Published in eight fasciculi of about 30 pages each. Calcutta, India: 200 Cornwallis Street. Price, 32 rupees ($16.00) for the entire work.

The first four fasciculi of this valuable result of painstaking labor have reached us. Of all the works constituting the medical literature of ancient and mediæval India, that most universally studied by the Hindu profession, is Charaka-Samhita, written about nine centuries ago. The richness of its contents, which led Dr. Sircar to remark before an English audience that "there is much in it that even an accomplished physician will profit by learning," and the fact that the Hindu system of medicine was not faithfully portrayed by the English versions, induced Pundit Abinash to undertake the translation which forms the subject of this review. That ancient books contain much that is of value hidden from the estimate and appreciation of students hardly expresses with sufficient force their relative position as regards our progressive age. If we compare asepticism, that greatest of modern contributions to the welfare of suffering humanity, with the procedures in vogue among the Zulus for centuries,—earliest possible obturation of all wounds, subsequent charcoal treatment, and results far outstripping those obtained by European physicians; the Siamese method of protecting the system against small-pox, in existence before the fifteenth century,—another of the greatest of modern achievements; and the Japanese manuscripts, prepared over three centuries ago, giving full description of the obstetric forceps and the rules for its manipulation (introduced there by a Dutch physician in the reign of Tokugawa), we can hardly deny the value of ancient records, of hidden, dusty piles, which, unfortunately, racial prejudices so often seek to bury in a tomb of scorn.

The Hindus, less engaged in efforts to develop the mechanical commodities which constitute the greater part of our civilization, cannot but have contributed much to the art of healing. They may have entered many false channels of thought (which proclivity has not been absent from Western medicine), but a careful perusal of Pundit Abinash's work will prove beyond a doubt that their mental labor was not sterile.

Charaka's fanciful pathology and quaint therapeutics simply accord with the local customs and beliefs of the period during which they were formulated. Ancient civilization, which has furnished so many hints to modern art, would likewise inspire us, were its medical lore read in the light of modern research. In a mass of rubbish could be found many hints, much food for thought, many seeds then and now deprived of proper attributes for development, but which time will some day render fruitful.

Pundit Abinash is rendering a great service, not only to medical men who take an interest in historical medicine, but also to Sanskrit scholars. It is the author's firm belief that if his work "succeeds in attracting the attention of scientific men in Europe and America, it is sure to produce many important changes in modern systems of treating disease. . . . Charaka is a highly philosophical work. Its deliver-

General books will be reviewed in these pages by the editor before being broken up for distribution among the different members of the staff.

Special works will be reviewed by the department-editor in charge of the corresponding section.

ances on many subjects, unsurpassed for brevity and weight, are, like those of Bacon, extremely suggestive. Locked in a difficult tongue, those hints have for ages lain unutilized. Whether employed in teaching students or practicing their system, Hindu physicians have moved too much in a groove. The vigorous intellect of the West, by taking up those hints, may produce results of the utmost importance to science and the sacred cause of alleviating misery." We bespeak for him the deep appreciation and encouragement he truly deserves.

C. E. SAJOUS.

A MANUAL OF THE PRACTICE OF MEDICINE. By ARTHUR A. STEVENS, A.M., M.D. 8vo. Pp. 501. Philadelphia: W. B. Saunders, 913 Walnut Street. 1892. Cloth, $2.50.

This is essentially a quiz-book, written by a quiz-master. The author, at the request of many students in his quiz-classes, has written this book to serve as an outline of the Practice of Medicine, to be enlarged upon by attendance upon lectures and critical observations at the bedside. He has drawn upon the different authorities freely, giving prominent place and credit to the opinions of American teachers and writers throughout the book. It is well adapted to the purposes for which it was written, and is to be recommended to students as an aid in their class-work.

A MANUAL OF MEDICAL JURISPRUDENCE AND TOXICOLOGY. By HENRY C. CHAPMAN, M.D. 8vo. Pp. 236. Philadelphia: W. B. Saunders, 913 Walnut Street. 1892. Cloth, $1.25 net.

This manual embraces essentially the course of lectures on Medical Jurisprudence delivered by the author to the students of the Jefferson Medical College during the last session. It embodies the experience of the author as coroner's physician of the city of Philadelphia for a period of six years, and presents the considerations of those subjects which such experience has proven to be of prime importance. The work of the author has been well done, and the results of his labors should find a place among the working volumes of the medical student.

NOTES ON THE NEWER REMEDIES. By DAVID CERNA, M.D., PH.D. 8vo. Pp. 177. Philadelphia: W. B. Saunders, 913 Walnut Street. 1892. Cloth, $1.25.

This is a succinct treatise on the newer remedies, which are, perforce, mostly synthetic chemical compounds. The matter is arranged in alphabetical order for sake of convenience, and special attention is given to the therapeutic applications of the newer remedies and the modes of their administration. Whenever possible, points are given in regard to the origin, physical properties, and solubility of the medicaments considered. Regarding weights and measures, both systems—the apothecaries' and the metric—are employed. We can heartily recommend this little book as a valuable aid in practice and for reference.

C. S. WITHERSTINE.

CONGRÈS POUR L'ÉTUDE DE LA TUBERCULOSE, ETC., COMPTES-RENDUS ET MÉMOIRES. Paris, 1892.

This report of the Congress for the study of tuberculosis, held in Paris in 1891, contains many interesting articles by the best men of the French school. Several appear upon the relation of tuberculosis in man and the mammalia; the conclusion being that the bacilli in the tuberculosis of birds is a variety of the Koch bacillus, though not identical with it. Chauveau adds another link to the chain of evidence that human and bovine tuberculosis are identical. Pseudotuberculosis in rabbits is considered. In regard to etiology, Arthaud brings forward an interesting subject,—in one hundred cases of acute pulmonary tuberculosis he found that 80 per cent.

had, within a short time, moved into houses where persons with advanced tuberculosis had lived. Perroncito again shows that the danger from eating meat from tuberculous animals is at least not emphasized by the experiments made in the laboratory. A large portion of the book is devoted to therapeutic measures. The most favorable results are claimed from the use of subcutaneous injections of creasote-oil (the proportion used being from 1–15 to 1–3 parts in almond-oil).

MIKROPHOTOGRAPHISCHEN ATLAS DER BAKTERIENKUNDE. FRAENKEL U. PFEIFFER.

This beautiful work has been completed. It is valuable for the library, as containing a short account of each bacterium, and of the photographs shown.

BACTERIOLOGISCHEN PRACTICUM. MIGULA. 1892.

An introductory book for students. It is simply a compend of methods, and has nothing to especially recommend it for the American student.

DÉFENSE DE L'EUROPE CONTRE LE CHOLERA. PROUST.

Contains a history of quarantine measures from the ancient times to the present, giving the quarantine laws of France, and severely criticising the lack of such in England.

H. C. ERNST and H. JACKSON.

New Books Received.

The editor acknowledges with thanks the receipt of the following books :—

FORMULAIRE GYNÉCOLOGIQUE. Illustré. Par le DR. A. AUVARD, Accoucheur des Hôpitaux. One vol. 32mo. One hundred colored engravings. Bound in pliable Morocco. Paris: Rueff et Cie., 106 Boulevard St. Germain, Publishers. Price, 8 francs ($1.60).

FORMULAIRE OBSTÉTRICAL. Illustré. Par le DR. A. AUVARD, Accoucheur des Hôpitaux. One vol. 32mo. One hundred colored engravings. Bound in pliable Morocco. Paris: Rueff et Cie., 106 Boulevard St. Germain, Publishers. Price, 8 francs ($1.60).

A NEW UNABRIDGED PRONOUNCING DICTIONARY OF MEDICINE. By JOHN M. KEATING, M.D., LL.D., and HENRY HAMILTON, with the collaboration of J. CHALMERS DA COSTA, M.D., and FREDERICK A. PACKARD, M.D. 8vo. Patent index. Pp. 818. Philadelphia: W. B. Saunders, 913 Walnut St., Publisher. Price, cloth, $5.00; sheep, $6.00, net.

MINERAL SPRINGS AND HEALTH RESORTS OF CALIFORNIA. By WINSLOW ANDERSON, M.D., M.R.C.P. Lond., M.R.C.S. Eng. 8vo. Illustrated. Pp. 384. San Francisco: The Bancroft Company, 721 Market St., Publishers. Price, cloth, $1.50.

PSYCHOPATHIA SEXUALIS: A MEDICO-LEGAL STUDY OF SEXUAL INSANITY. By DR. R. VON KRAFFT-EBING, Vienna. Translated by CHARLES GILBERT CHADDOCK, St. Louis. 8vo. Pp. 432. Philadelphia: The F. A. Davis Co., 1914 and 1916 Cherry St., Publishers. Subscription price, cloth, $3.00; sheep, $4.00.

AUTHORIZED BIOGRAPHY OF D. HAYES AGNEW, M.D., LL.D. By J. HOWE ADAMS, M.D. Royal 8vo. Pp. 400. Philadelphia: The F. A. Davis Co., 1914 and 1916 Cherry St., Publishers. Subscription price, cloth, $2.50; Half-Morocco, gilt top, $3.50.

TRAITÉ D'ANATOMIE HUMAINE. Publié sous la direction de PAUL POIRIER, Professeur Agrégé de la Faculté de Médecine de Paris, Chef des Travaux Anatomiques, Chirurgien des Hôpitaux, par MM. A. CHARPY, Professeur d'Anatomie à la Faculté de Toulouse; A. NICOLAS, Professeur d'Anatomie à la Faculté de Nancy; A. PRENANT, Professeur Agrégé à la Faculté de Nancy; T. JOUNESCO, Prosecteur de la Faculté de Paris.

Tome Premier EMBRYOLOGIE, A. PRENANT; OSTÉOLOGIE, P. POIRIER; DÉVELOPPEMENT ET STRUCTURE DES OS, A. NICOLAS. 472 dessins originaux. Paris: L. Battaille et Cie., Place de l'Ecole de Médecine, Publishers.

Monographs Received.

The editor acknowledges with thanks the receipt of the following monographs :—

Allaitement, by *P. Budin*, Paris.——De l'Avortement Gémellaire, by *Léon Merle*, Paris. ——I Materiali da Costruzione in Rapporto ai Microrganismi, by *Alfonso Montefusco*, Napoli. ——Les Péricardites Expérimentales et Bactériques, by *Alfredo Rubino*, Napoli.——Etiologia e Patogenesi della Pericardite, by *Alfredo Rubino*, Napoli.——Études sur l'Entraînement Musculaire, by *Gregorio Manca*, Turin.——Studi Critici e Bibliografici di Fisiologia Normale e Patologica, by *G. Manca*, Torino.——Paralysie Hystérique Systématique, Paralysie Faciale Hystérique, by *J. Babinski*, Paris.——Paralysie Hystérique Systématique, by *J. Babinski*, Paris.——Association de l'Hystérie avec les Maladies Organiques du Système Nerveux, les Névroses et diverses autres Affections, by *J. Babinski*, Paris.——Note sur l'Allaitement des Nouveau-Nés, by *P. Budin* et *Chavanne*, Paris.——Kentucky School of Medicine, City of Louisville: Prospectus.——Pestilential Foreign Invasion as a Question of States' Rights and the Constitution, by *Joseph Holt*, New Orleans.——A Case of Mastoid Disease following an Operation for the Removal of Adenoid Vegetations, by *Gorham Bacon*, New York.——I. Abcès du Larynx dans la Scarlatine; II. Un Nouveau Cas de Chancre Induré de la Fosse Nasale, by *E. J. Moure*, Bordeaux.——A Case of Akromegaly, by *Solomon Solis-Cohen*, Philadelphia.——Typhoid Fever: Its Etiology, Pathology, and Treatment, by *J. Fulton Purdom*, Louisville. ——Uber die Anwendung des Ichthyols in der Frauenheilkunde, by *Reinhold Herrmann*, Geibsdorf, Kreis Lauban.——De l'Ichthyol en Injections Hypodermiques, by *A. Damiens*, Paris. ——Das Ichthyol in der Behandlang inneren Krankheiten, by *Enrico Reale*, Neapel.——Das Ichthyol in seiner Therapeutischen Verwendung bei Einzelnen Haut- und Anderen Affectionen, by *Ernst Schwimmer*, Budapest.——A Case of Atresia Laryngis from Catarrhal Laryngitis, with Presentation of Patient, followed by Intubation, by *A. W. de Roaldes*, New Orleans.——Adenoid Growths of the Naso-Pharynx and their Treatment, by *A. W. de Roaldes*, New Orleans.——Cascarine, by *M. Laffont*, Paris.——Seventh Annual Report of the State Board of Health of Maine, Augusta.——Årsberättelse från Sabbatsbergs Sjukhus I Stockholm for 1891, by *F. W. Warfvinge*, Stockholm.——A Plea for a More Conservative Treatment of Nasal Affections, by *Reuben Jeffery*, New York.——The Venomous Reptiles of the United States, with the Treatment of Wounds Inflicted by them, by *P. B. Barringer*, Virginia.——Uterine Fibromata: Removal of Twenty-seven, with Two Deaths, by *J. M. Baldy*, Philadelphia.——A New Adjustable Lamp-Bracket, by *Seth S. Bishop*, Chicago.——Camphor-Menthol in Catarrhal Diseases, by *Seth Scott Bishop*, St. Louis.——Is Katatonia a Special Form of Mental Disorder? and Cases of so-called Katatonia? by *M. J. Nolan*, Richmond.——An Inquiry into the Causation of Local Motor Paralysis after Partial Poisoning by Charcoal-Vapor, by *A. Bruère*, Edinburgh.——Le Magnétisme devant la Loi, by *Foveau de Courmelles*, Paris.——Enteroclysis of Ice-Water in the Treatment of Intestinal Diseases of Children, by *Julius L. Salinger*, Detroit.——A Collective Inquiry Concerning Intubation, by *Richard B. Faulkner*, Allegheny, Pa.——Compressed Air and Sprays in Diseases of the Nose, Throat, and Ear, by *Seth Scott Bishop*, Chicago.——Notes on Ocean-Travel for Health and Disease, by *John V. Shoemaker*, Philadelphia.——The Choice between Extirpation and Colotomy in Cancer of the Rectum, by *Charles B. Kelsey*, New York. ——Researches upon the Etiology of Idiopathic Epilepsy, by *C. A. Herter*, New York.——Observations on the Excretion of Uric Acid in Health and Disease, by *C. A. Herter* and *E. E. Smith*, New York.——Electricity *vs.* the Curette in the Treatment of Bleeding Fibroids of the Uterus, by *Augustin H. Goelet*, New York.——The Uses of Fever; The Danger of Antipyretics in Typhoid Fever, by *J. H. Musser*, Philadelphia.——Some Physiological Experiments with Magnets at the Edison Laboratory, by *Frederick Peterson* and *A. E. Kennelly*, New York.——The Use of the Curette in Uterine Surgery, by *A. Vander Veer*, Albany, N. Y.——Piperazin in the Treatment of Stone in the Kidney: Report of Cases, by *David D. Stewart*, Philadelphia.——The Mechanical Treatment of Inguinal Hernia, by *W. B. de Garmo*, New York.——Strangulated Hernia, by *W. B. de Garmo*, New York.——General Report of an Examination of Four Hundred and Fifteen Young Deaf-Mutes in Regard to the Nasal Chambers, Ears, and Organs of Phonation, by *Arthur Ames Bliss*, Philadelphia.——Clinical Reports on Insanity by the Medical Staff of the Maryland Hospital for the Insane, Catonsville, Md.——Transactions of the Medical Society of the State of North Carolina; Thirty-ninth Annual Session, held at Wilmington, N. C., May 17, 18, 19, 1892.

LITERATURE FOR THE "ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES" AND THE "UNIVERSAL MEDICAL JOURNAL."

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Original Communications.

ASSOCIATION OF HYSTERIA WITH ORGANIC DISEASES OF THE NERVOUS SYSTEM, NEUROSES, AND OTHER AFFECTIONS.

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(Concluded from January number.)

OBSERVATION IV.

Peripheral Neuritis (?). Lightning Pains, Westphal's Sign, Diplopia. Paresis and Anæsthesia of the Limbs, Hysterical Retention of Urine. Disappearance of Hysterical Manifestations under the Influence of Suggestion.

The patient was a woman aged 28 years.

Previous History.—The patient has had four slight attacks of acute articular rheumatism; no history of alcoholism or syphilis. She has had several hysterical attacks on occasions when she has been seriously annoyed. Five weeks before her admission to the hospital, the first symptom of the present attack appeared. At times she would see double; this diplopia would persist for several hours and then disappear. This symptom has not returned during the last ten days. For the last ten days she has felt formication in her hands and legs, alternating with sharp, lancinating, lightning pains, which appeared and disappeared suddenly, after being present for ten or fifteen minutes, and moved about from place to place. Eight days after the appearance of these pains locomotion became difficult, and the patient had no sensation in the soles of the feet when standing upright. The upper limbs then became weak. At times there was a feeling of constriction in the throat, which was accompanied by a fit of crying. The patient would go for twenty-four hours without being able to void her urine, and without having any desire to do it; at other times she would have a constant desire to urinate, which she did with great ease.

Present Condition.—The patient was admitted to the Hôpital Cochin, August 24, 1891. She gave us the foregoing information, and said that she had become much thinner since the appearance of the present affection.

The motor power of the lower limbs is seen to be very feeble when the patient lies down, or when she tries to stand up and walk; she cannot remain in one position many seconds without falling, whether the eyes are open or closed; she can take a few steps without help, but with great difficulty; the gait is unsteady and staggering. The motility of the upper limbs is already much impaired; the patient can, it is true, move the fingers, the hands, the forearms, and the arms, but the movements are very limited, and she is unable to feed herself.

The electrical excitability of the nerves is normal, the faradic and voltaic contractility of the muscles is also normal. Tactile sensibility is greatly diminished over the anterior surface of the upper extremities; over the posterior surface, on the contrary, it is intact. There is great diminution of tactile sensibility over the whole surface of the trunk, of the face, and of the lower extremities, except over the internal aspect of the left leg, where there is a spot which is hyperæsthetic. Pressure over the muscles of the lower extremities is here and there painful. There is pain in the right ovarian region. Plantar reflexes are absent. Patellar (knee) reflex is entirely absent, although looked for with great care. No visual or pupillary disturbance.

Several days after the admission of the patient I tried to hypnotize her, and the first time only a very superficial sleep was induced; but, after several attempts, I was able to bring about a very deep hypnotic sleep. While in this state the motor power of the upper and lower limbs increased very sensibly under the influence of suggestion, and the improvement was maintained after she was awakened. The hypnotic *séance* was repeated several times during the week, and in a few days after the commencement of the treatment the patient was able to feed herself without any help, do manual labor, and sew, which she had previously been incapable of doing, and also walk about in the room. The anæsthesia also diminished; micturition became regular and normal. The pains were more rebellious to the suggestion, and they only disappeared temporarily while the patient was in the hypnotic state; they re-appeared shortly after she had been awakened, but it may be truly said that they were a little less intense in character.

On September 20th the motor troubles and the anæsthesia had entirely disappeared; the patient had still some lancinating pains in the leg, but less severe than before. The tendon reflexes were still absent.

In the beginning of October the re-appearance of the tendon reflexes was noticed, but the movements provoked by pressing the tendons of the knee-joint were very slight. On October 17th the patient left the hospital, as she considered herself quite well. In about a month the motor troubles and anæsthesia had disappeared; in ten days the lancinating pains became infrequent and less severe; the tendon reflexes were still feeble.

The concurrence of lightning pains, the sign of Westphal, diplopia, and the urinary troubles would suggest tabes. There was, however, no symptom which was characteristic of this affection; indeed, the retention of urine might have been due to an entirely different cause, and it was so found in this particular case, as shall be seen later on. As to the pains, the diplopia, the abolition of the tendon reflexes, these are phenomena that are well known to depend as often on nerve-lesions as on tabes; from the history of the case it is more natural to admit that they were the result of a peripheral neuritis, the cause of which could not be determined. This diag-

nosis does not, however, to my mind, explain the group of symptoms which were observed in this patient. The very marked enfeeblement of the upper and lower limbs could hardly be credited exclusively to an organic affection of the motor nerves; the latter, indeed, could not be profoundly altered, since the electrical reactions were normal; as to the anæsthesia, it did not at all, even over the affected spot, present the characteristics which are observed in lesions of the sensory nerves. There is, therefore, a reasonable doubt whether these troubles were not connected with a hysterical condition whose symptoms were superadded to those produced by the neuritis. Now, the patient having previously had hysteriform attacks, and as she was suffering, at the time of her admission, from a pain in the ovarian region, being subject to paroxysms of suffocation, with a sensation of constriction in the throat, this hypothesis appears to me to be a valid one.

The results obtained from treatment allows us to affirm the truth of this hypothesis. The muscular weakness, the anæsthesia, and, moreover, the retention of urine were undoubtedly dependent upon this neurosis. It may, indeed, be asked if the phenomena, which, I have believed, ought to be attributed to a neuritis, may not instead have had some connection with a purely neuropathic condition. This latter hypothesis I am unable to refute with any peremptory arguments. The lancinating pains hardly belong, it is true, to hysteria, but, as pain is eminently a subjective symptom, it appears impossible to formally differentiate from this characteristic alone,—an organic affection of the nervous system from one of a purely functional character. Nevertheless, it should be remarked that these pains were only temporarily relieved by suggestion; they resisted this mode of treatment even more than did the motor symptoms, and it must also be admitted that they might have disappeared spontaneously in time, and that suggestion had not exercised any definite influence upon their disappearance. Perhaps it is possible that these pains re-appeared by reason of two causes acting conjointly,—the neuritis on the one hand, and the hysteria on the other? The transitory diplopia, which we know only from the history given by the patient, is not pathognomonic of an organic affection, although it is more often present in cases of that character than in dynamic nervous affections. What causes me, above all, to believe that the nerves themselves were altered, is the condition of the tendon reflexes. The latter, it is true, may be absent normally, but in that case their absence is constant; now, in this case, after being wholly absent for some time, they re-appeared when the patient's condition improved. I know, also, that Westphal's sign may be present, as all authorities admit, in neurasthenia; but that appears to me to be exceptional.

To conclude, while I cannot categorically prove the existence of the neuritis, I am strongly inclined to admit it, and would understand the following to be the logical sequence of events: 1. At first a neuritis of feeble intensity, affecting principally the sensory fibres, developed in a female predisposed to neuropathic symptoms. 2. Upon this neuritis were engrafted hysterical phenomena to which may be attributed, almost exclusively, the muscular weakness, the anæsthesia, and the vesical symptoms. 3. Disappearance of the hysterical symptoms under the influence of suggestion. 4. Pro-

gressive and spontaneous disappearance of the symptoms directly dependent upon the neuritis. If the interpretation that I offer be not admitted, it must, at least, be acknowledged that the hysterical symptoms were partially masked by phenomena which are generally observed in organic affections of the nervous system, and the observation will on that account be none the less interesting.

OBSERVATION V.

NEURASTHENIA: SENSATION OF HELMET; MENTAL AND PHYSICAL DEPRESSION. HYSTERIA: ATTACKS OF SOMNOLENCE; AGORAPHOBIA. NOTABLE IMPROVEMENT UNDER THE INFLUENCE OF SUGGESTION.

The patient was a woman aged 40 years.

Previous History.—The patient under present consideration was examined in the city by Professor Charcot and myself. She stated that she had been, for twenty years, subject to various neuropathic phenomena, to pains located in different parts of the body, to paroxysms of suffocation, with a feeling of constriction about the throat, and to attacks of depression and melancholy, which had persisted for several months; while pregnant, at the age of 29 years, she had visual hallucinations. During this period of twenty years her health had been alternately good and bad, but she had never felt entirely well. Of all the various methods of treatment to which she had been subjected, massage was the only one which had given her any relief. For the last six months her condition had become worse, she felt completely disheartened, took no pleasure in anything, never went out except against her will, and in this case not without company, because she was afraid to go about alone, and had a fear of open spaces (agoraphobia). When she was left by herself she found it impossible to attend to her household duties or to read longer than a few minutes; physical or intellectual labor intensified the disagreeable sensations which she experienced. She was tormented by migrating pains, which attacked her in the knees, the back, the abdomen, and the hypogastric region, and by a permanent pain located in the occipital region, which she compared to the sensation produced by a constriction of this part of the head (*casque neurasthénique*).

Present Condition.—The appetite is diminished and the digestion is impaired. Natural sleep is very much disturbed; it is rare for her to sleep longer than an hour or two at a time, and she has passed several consecutive nights without any sleep. On the other hand, she is subject to attacks of abnormal somnolence, which come on her without warning during the day-time, every eight or ten days, and which present the following characteristics: The patient feels a heaviness in the head, and an irresistible need of sleep which is sometimes so imperative that she has hardly time to reach her bed-room and throw herself on the bed; she falls at once into a profound sleep from which she cannot be aroused, and from which she awakens of her own accord without any remembrance of what has occurred. A careful examination of the patient revealed only the existence of diminished sensibility to touch and pain in the lower extremities and the lower part of the trunk.

The patient was placed under electro-therapeutic (static electricity) and hypno-therapeutic treatment. I was able at the first hypnotization to obtain a condition of heaviness and numbness, in which the patient found it impossible to open her eyes; the muscles, however, could not be made to contract, the integuments be rendered insensible, or hallucinations be caused by suggestion. I told her that when she awakened she would be better, and

would feel rested as after a natural sleep; I tried also to persuade her that the various troubles which she had would disappear. I left her in this condition of imperfect slumber for half an hour; after being awakened she acknowledged that she felt much more refreshed from her sleep than was usually the case. Hypnotization was repeated three to five times a week for a period of two months. I was never able to obtain a thoroughly characteristic hypnotic sleep; nevertheless, these treatments notably improved the patient's health and the pains; the mental depression, the apathy and the insomnia were diminished to a remarkable degree; about ten days after the beginning of the treatment the patient went out of her own accord and alone, and did not experience the least fear when she found herself alone in the street; the attacks of pathological somnolence did not return; the patient regained her appetite; her digestion was also much improved. The sensation of the helmet (*casque*) proved more rebellious to suggestion than did the other symptoms. The patient was able to devote herself to intellectual work, which had previously been an impossibility; however, if the latter were prolonged she still experienced some fatigue.

In short, at the end of two months she felt entirely transformed, and, although not entirely cured, she said that she had not felt so well for several years.

In this patient there were nervous symptoms which seemed to indicate an association of two distinct affections: on the one hand, neurasthenia, characterized principally by general depression, an inability to engage in any physical or mental work, however moderate, and the sensation of constriction about the head (*casque*); on the other hand, hysteria, the existence of which was revealed by the anæsthesia and the somnolent attacks. It was difficult to separate the effects of these two neuroses. If, for instance, mental and physical depression be a symptom of neurasthenia, it may also belong to hysteria. In addition to the hystero-neurasthenic phenomena, which we have mentioned, there was agoraphobia. This group of symptoms, when it is manifested in its perfect form, is an autonomous pathological condition, distinct from hysteria and neurasthenia; but no one can deny that it may, in an abortive form, be dependent upon hysteria. It is possible, for instance, in certain hypnotized hysterical subjects, to produce agoraphobic phenomena by means of suggestion, and by the same means to cause their disappearance.

On the other hand, I have already reported[1] the history of a patient affected with undoubted agoraphobia which was, without question, due to hysteria. I believe that in this case the agoraphobia should be ascribed to hysteria.

Suggestion in this case, it appears to me, removed all possible doubts concerning diagnosis, by causing those symptoms that properly belonged to the hysteria to disappear, leaving only the neurasthenic ones. I have been led to believe that neurasthenia is not amenable to hypnotism; but an opinion on this point cannot be formed from cases as complicated as this one is. I do not attempt to prove, simply, that I have in this case employed suggestion for the cure of hysteria; I have another object in view, viz., to report a case of hystero-neurasthenia accompanied by agoraphobic phenomena.

[1] Gaz. hebd. de méd. et de chir., 1891, p. 368 (Agoraphobie et hystérie).

OBSERVATION VI.

CYSTITIS: PURULENT URINE. VESICAL SYMPTOMS OF HYSTERICAL ORIGIN: OCCASIONAL RETENTION OF URINE; MICTURITION OCCASIONALLY POSSIBLE, BUT VERY PAINFUL. DISAPPEARANCE OF VESICAL SYMPTOMS UNDER THE INFLUENCE OF SUGGESTION.

The patient was a woman 19 years of age; by occupation a servant.

Previous History.—In January, 1891, headache and abdominal pain developed and, persisting for several weeks, finally yielded to hydrotherapy. In July of the same year the patient contracted a vaginitis and, *pari passu*, the abdominal pains re-appeared, accompanied with vomiting; at the same time micturition became painful and difficult.

Present Condition.—She was admitted to the Hôpital Cochin on July 28th. She complained particularly of pain in the hypogastric region; she had not passed her urine for two days. By palpation it was found that the bladder was distended, and catheterization resulted in the withdrawal of over 1 litre (1 quart) of urine which contained pus, as was demonstrated by microscopical examination. There was, moreover, a vaginitis of slight intensity, and evidently abating, which owed its origin, without doubt, to the cystitis.

The following treatment was prescribed: Vaginal and vesical injections of boric-acid solutions, with antiseptic dressings for the vagina.

During the first three weeks after the patient's admission to the hospital, the pains were unrelieved; on certain days micturition was possible, but it gave rise to violent pain; now and then, on the contrary, the patient would go twenty-four hours without urinating, and it would be found necessary to use the catheter. The amount of pus present in the urine diminished notably. A more thorough examination revealed the existence of sensitivo-sensorial hemianæsthesia, with contraction of the visual field and absence of the pharyngeal reflex. One day, when the patient complained of not having passed her urine for over twenty-four hours, I tried to hypnotize her, and was able to bring about a condition of sleep, during which I could, by suggestion, cause the appearance of contractures, paralyses, anæsthesia, and hallucinations. I suggested to her that on awakening she would be able to urinate without trouble and without pain. Conformably to this suggestion micturition took place and did not give rise to any pain.

From this time on the patient was hypnotized several times a week during a period of about two months; the result was a decided change in her condition for the better; the abdominal pains and the attacks of vomiting disappeared rapidly. Whenever retention of urine occurred, which happened on several occasions, micturition was re-established by means of suggestion, and finally a complete cure was obtained. The local treatment used for the cystitis was continued until the latter had entirely disappeared.

It cannot be denied that cystitis was present in this case, because the urine contained pus. The co-existence of hysteria cannot be doubted, either, because sensitivo-sensorial hemianæsthesia was present. It is, therefore, a reasonable conclusion that the urinary retention and the pains attending micturition were dependent upon hysteria. It may be noted, as bearing upon this question, that this neurosis may present itself in an abortive monosymptomatic form quite analogous to the case in question, and differing from it only in that the hysterical signs are absent, the hysterical element being manifested solely by localized pain and retention of urine, which are superadded to the symptoms directly referable to the cystitis. The differ-

ential diagnosis in a case of this character will be very difficult. We must, however, always bear in mind associations of this kind, notwithstanding the absence of the characteristic hysterical symptoms, whenever the intensity of the reflex phenomena of the subjective trouble does not seem to be in proper relation with the benign character of the organic affection. The use of methods analogous to those employed in this case may often give results which will be of benefit to the patient, and which will, at the same time elucidate a doubtful diagnosis.

OBSERVATION VII.

SLIGHT CERVICAL ENDOMETRITIS. HYSTERIA: UNREASONABLE ATTACKS OF LAUGHTER; ANÆSTHESIA OF THE PHARYNX; PELVIC PAIN RADIATING TOWARD THE THIGHS AND LUMBAR REGIONS; VAGINAL HYPERÆSTHESIA. DISAPPEARANCE OF ALL PAIN UNDER THE INFLUENCE OF SUGGESTION.

The patient was a woman 20 years of age.

Previous History.—The patient never had any grave illness, but was subject to attacks of laughter and crying without reasonable cause; on one occasion she became unconscious and remained drowsy for a very long time. For a year, sometimes without apparent cause, but generally after physical fatigue which followed long standing or walking, she had suffered from attacks of more or less severe pains in the lower part of the abdomen, extending downward into the thighs and backward into the lumbar region; pressure over the lower part of the abdomen gave rise to pain, equally on both sides; leucorrhœa was present. As these various troubles became worse, the patient was admitted to the Hôtel-Dieu Annexe, on June 8, 1892.

Present Condition.—On admission the following facts were noted: Slight pressure on the abdominal walls above the pubes is attended by pain; vaginal touch is painful; the *cul-de-sacs* are free and the cervix uteri appears normal. Examination by the speculum reveals the existence of very slight endometritis, for which the use of antiseptic injections and dressings are ordered. The pharynx is anæsthetic; no other signs of hysteria.

On June 16th the patient stated that the pains were as intense as at the time of her admission. I tried to hypnotize her, and in ten minutes she passed into an hypnotic sleep, during which I was able to produce contractures, paralyses, and anæsthesia. I suggested to her that the pains would entirely disappear. On awakening, strong pressure over the lower abdomen failed to elicit pain. Vaginal touch was now not at all painful to her. During the day she walked about the ward considerably longer than usual without experiencing any discomfort.

June 17th. The pains have returned, but are much less violent; a second hypnotization caused their prompt disappearance. On several succeeding days the hypnotization was repeated, and, finally, the patient left the hospital early in July, after being free from the pain for more than a week. She requested permission to return in case the pains re-appeared. As she did not return, I suppose the cure is permanent.

This patient, as we have seen, was suffering from a cervical endometritis of low intensity, which was not at all *en rapport* with the severity of the pains. It was for this reason that, notwithstanding the absence of all hysterical symptoms, save the pharyngeal anæsthesia and the previous hysterical attacks, I believed the pains might be due to hysteria. I tried hypnotism. The results obtained therefrom clearly demonstrated the cor-

rectness of my belief. I could give the history of many similar cases, but as they would be almost exact counterparts of this one it would be useless to do so.

OBSERVATION VIII.

ORGANIC COXALGIA. HYSTERIA: HEMIANÆSTHESIA; CONTRACTURE OF THE MUSCLES WHICH FLEX THE THIGH UPON THE PELVIS. DISAPPEARANCE OF THE CONTRACTURES UNDER CHLOROFORM NARCOSIS. CREPITATION IN THE HIP-JOINT ON MOVING THE THIGH.

The patient was a man aged 30 years; by occupation a carter.

Previous History.—At the age of 21 (1883), while serving as a soldier, he severely sprained his left ankle-joint; he never recovered the use of the joint, and was, in consequence of the disability, retired on half-pay. Since that time he has always limped a little; excessive walking always causes, for the time being, the re-appearance of the pain in the ankle-joint, and increases the lameness. In 1884 he had two attacks of articular pain in the ankles, knees, and hips, which lasted on the first occasion a month and a half, and on the second for three weeks.

Six months before, after great fatigue, the tibio-tarsal articulation became the seat of more pain than usual, and the left ankle-joint began to swell; a little later, amyotrophy of the left lower limb developed. About the same time, pains appeared in the region of the hip. The patient was admitted to the Hôtel-Dieu Annexe toward the latter part of July, 1892.

Present Condition.—He complains of distress in the left hip; he is awakened at night by the lancinating pains in it, and is unable to sleep except on his right side. Deep pressure over the region of the hip-joint, anteriorly or posteriorly, gives rise to severe pain, but superficial pressure is not at all painful. There is no swelling or pain at the ankle-joint. The muscles of the lower limb are the seat of slight atrophy, but the electrical reactions are normal. On the left side of the body the sensibility of the skin to touch, pain, and temperature is much below normal. There are no sensorial troubles. The tendon reflexes are normal. In standing, this patient assumed this attitude: the left thigh is slightly flexed upon the pelvis, the leg is slightly flexed upon the thigh, and the foot only touches the ground at the toes; between the heel and the ground there is a distance of 5 centimetres (2 inches). The left antero-superior spine of the ilium is on a higher level than that of the opposite side; the right gluteal crease is deeper than the left. The trunk is inclined a little toward the right side; the distance between the border of the false ribs and the iliac crest is greater on the left side than on the right. The vertebral column is not straight; the portion of the column corresponding to the level of the middle dorsal region is situated more to the right side than the portion lower down; at the point where these two portions join each other, for about 4 centimetres (1⅝ inches), the column forms a curve, the concavity being toward the right side and below. In walking, there is very pronounced lameness. The articulation of the left hip is entirely immovable; when the patient lies upon his back flexion of the thigh upon the pelvis is impossible, even with the aid of passive movements; these attempts at motion result in suffering to the patient; when the thigh is raised the iliac bone moves at the same time, and no motion takes place at the coxo-femoral articulation.

Shortly after admission to the hospital the patient was put under the influence of chloroform, and, during the anæsthesia, the examination resulted as follows: The left thigh could be flexed upon the pelvis almost as completely as the right thigh, and without difficulty, except that the hand

placed over the hip-joint detected some crepitus; abduction and rotation outward were, on the contrary, much more limited on the left side than on the right, and gave rise to crepitus which could be appreciated by the hand; furthermore, the left antero-superior iliac spine could not be brought to the level of the corresponding spine of the other side. On the day following the administration of the anæsthetic the patient complained of pain in the region of the coxo-femoral articulation, and pressure on the parts gave rise to more pain than before. Three days afterward the pains subsided and the situation was, in all respects, the same as before anæsthetization.

Before the patient was examined under anæsthesia, diagnosis was difficult. The left hemianæsthesia would lead one to think that the coxalgia was probably due to hysteria, notwithstanding the absence of superficial hyperæsthesia in the groin which is sometimes observed in hysterical coxalgia, and which has been studied by M. Charcot. But, on the other hand, the patient having had several attacks of rheumatoid pain in the ankle-, knee-, and hip-joints on the left side, there was reason to consider the possibility of an organic affection of the hip. The examination of the patient during anæsthesia showed that there was, on the one hand, an organic element—a lesion of the joint or of the periarticular tissues; and, on the other hand, a spasmodic element—a contraction of the muscles which flex the thigh upon the pelvis, which might properly belong to hysteria. It may, therefore, be a question whether the organic affection was the primary one, or whether it was consecutive to an ankylosis of the articulation, caused by the contracture. I shall not discuss this question; it would take too long. It is sufficient that we have shown that there was, in this case, an hystero-organic association, and that we recognize the importance of diagnosis in these cases, as bearing upon prognosis and treatment. We may, therefore, hope to effect, by medication and by psychical treatment, a marked improvement in the patient's condition; but these means will only influence the hysterical element; it is by other means—surgical—that we must attack the organic element.

OBSERVATION IX.

LEFT SCAPULO-HUMERAL PERIARTHRITIS. HYSTERIA: CONTRACTURE OF THE MUSCLES OF THE LEFT SHOULDER; PARESIS AND ANÆSTHESIA OF THE UPPER EXTREMITY ON THE LEFT SIDE. DISAPPEARANCE OF THE HYSTERICAL TROUBLES AFTER FARADIZATION OF THE AFFECTED MEMBER.

The patient was a woman aged 40 years.

Previous History.—There is nothing of interest in her previous history, except that she has had a cough for a long time, and is much emaciated. About two months before her application for treatment, she had boxed the ears of one of her children, but not severely. Immediately afterward she experienced pain in the region of her shoulder, which grew worse during the following days. From this time on she has had no use of the upper limb on her left side. She was admitted to the Hôtel-Dieu Annexe on July 10, 1892.

Present Condition.—Examination of the lungs reveals the existence of marked tubercular lesions. The left shoulder is painful to pressure. The arm lies closely applied to the side of the chest and the patient cannot move it of her own accord; by applying traction, which gives rise, however, to pain, the arm may be drawn away from the trunk to the extent of several

centimetres. The patient can flex and extend the forearm upon the arm, the hand upon the wrist, and the fingers upon the hand, but these various movements are accomplished with difficulty, and in a feeble manner. Over the surface of the left upper extremity and upper part of the chest there is a well-marked diminution in sensibility to touch, pain, and temperature. There is nothing further of importance to note as regards symptoms.

I applied the faradic current to the left upper extremity, and supplemented it by vigorous movements of the different parts of the member; I tried to separate the arm from the trunk, having told the patient that I expected, through these manipulations, to bring about a rapid improvement in her condition. An immediate, favorable result was obtained. The paresis and anæsthesia diminished notably; the arm could now be drawn away from the trunk with ease. This treatment was repeated on the following days, and at the end of four days the patient's condition had profoundly changed. The anæsthesia had almost completely disappeared; the movements of the forearm, the hand, and the fingers were almost normal. When the patient tried hard, she could lift her arm away from her body so that they formed an angle of forty-five degrees. In examining the back, while this movement was being executed, it was noticed that the scapula moved with the humerus and seemed to be fixed to the latter. When the scapula was held firmly on to the walls of the thorax the arm could not be lifted outward. This condition remained stationary.

About the beginning of August the patient was put under chloroform. It was found, as before, that in the movements made by the arm the latter carried the scapula with it. The scapula was then forcibly fixed to the thoracic walls and the arm was abducted; this was done easily, but the movement produced a crackling which was perceptible to the hand and to the ear.

This observation does not require extended comment. It is clear that the paresis and the anæsthesia of the left upper extremity, as well as the contracture of the shoulder-muscles were dependent upon hysteria; it is not less evident that there was also an organic affection of the scapulo-humeral joint, or rather of the periarticular tissues, and that, consequently, we have an instance in this case of an hystero-organic association.

The observations which I have given appear to me of such character as to make evident the theoretical and practical interest which is inherent in the study of the associations of hysteria with other maladies, and to prove the propositions which I advanced at the beginning of this paper.

THE TREATMENT OF GOUT.

By Dr. J. Vindevogel.

BRUSSELS.

A great deal has been written regarding *gout* and arthritic manifestations. Is the pathogenesis of gout settled? Are its causes unveiled? Has its treatment or cure profited much by the latest discoveries and theories? Where may truth be found among so many assertions with regard to the nature, origin, causes and morbific conditions of this disease? And, with regard to the method of treatment, if there *be* a method (?), can a safe treat-

ment be established? These questions and many others have been examined and discussed in my publications on gout and rheumatism, namely, in my medical journal and pamphlets issued in the years 1882–1886–1892.[1]

Before explaining my views and ideas regarding this interesting question, I must state that they are based upon a large number of cures, both rapid and lasting—in my mind the best clinical sanction—performed in cases of acute gout, acute rheumatism, sciatica, headache (megrim) so often connected with arthritism, neuralgia resisting the effects of other medicine, and of abnormal complications of gouty diseases, or gouty metastasis in the bowels, in the meninges, and in the respiratory organs.

Furthermore, I have reviewed, with the utmost care, all that was known of the pathogenic conditions of gout. Thus I gathered the ideas and doctrines of the French school of English and American writers; in short, all that could be brought together bearing upon this interesting question. The study of the foregoing brought me to the following conclusions:—

I. Gout, or arthritis, is a constitutional disease affecting the nervous system or vital forces, as well as the blood or the materials of organization, disturbing the process of nutrition. In this, I agree with the theory of Dyce Duckworth, who ascribes the nervous trouble to a sub-paralysis of the trophic centres of the bulb.

The bradytrophia of Professor Landouzy, or the *Nutrition retardante* of Professor Bouchard, is to be ascribed to this nervous trouble. I proclaim the standard of *vitalism* in medical science, locating it especially in the nervous system, and to this doctrine I am indebted for the success I have attained.

II. The presence of sodium biurates as the *corpora delicti* of gout is a consequence of incomplete combustion, of a delay or stoppage in the disassimilation of quarternary substances. In no cases could the biurates be the direct cause of an attack of gout. They only, owing to their insolubility in synovia, are deposited in the synovial membranes and constitute the *occasional* cause of irritation giving rise to inflammation.

III. An attack of acute gout is connected with an intoxication of the whole economy, with a special adulteration of the blood, a virulent state.

Is the *virulence* an acid, a microscopic being, a microbe? Rademacher found that, with persons suffering from gout, either acute or chronic, an almost immediate precipitation occurs in the urine after passing it. This differs chemically from uric acid. It was extracted by Rademacher and precipitated in the form of a white crystalline powder sparingly soluble in water; its formula is $C_5H_8N_4O_4$; its molecular weight 200, and it contains 26.28 per cent. of nitrogen.[2]

Depression of the vital forces or fluids; of the nervous trophic centres; adulteration of the blood and liquid fluids by the biurates of sodium, in the

[1] Reprints will be sent, upon application, by author, 97 rue Gallait, Brussels, Belgium.
[2] *Vide* Annual of the Universal Medical Sciences, 1891, vol. i.

constitutional state of gouty people; acute virulence in attacks—such are the leading points to be considered in the establishment of treatment.

Leaving aside hygiene and diet—which have, nevertheless, a great deal of influence—and considering only the therapeutical remedies, I have found the combination, *strychnine-colchicine*, by the general dynamogenous power of the former, and by the special power of the latter which excites the nervous elements and the cells in all parts of the body, thus stimulating disassimilation, to increase the power of the nervous system, the vital forces, the trophic centres, and the processes of denutrition.

Virulence is destroyed by the salicylates of sodium and lithium, while the alkalies increase the rate of oxydation of blood and the process of disassimilation; alkalies, and especially lithium, dissolve the urates and facilitate their elimination by the kidneys and liver. Crystallized aconitine increases the power of the cardiac ganglions in the same manner as digitaline; aconitine is the tonic stimulating agent of the sympathetic nervous system, as strychnine is that of the cerebro-spinal system.

If to the above definite drugs be added the power of eccritic substances, especially those acting upon the liver, bowels, kidneys, and skin, such as podophyllin, aloin, digitaline, pilocarpine, which remove all disturbing substances, the residue of combustion or disassimilation of the tissues and blood, water, toxins or organic poison,—all of which are driven out by the secretory apparatus,—a perfect cure is performed by the application of what I may term a complete medication.

A safe and perfect cure is obtained by the use of small and frequently repeated doses of these powerful medicines, thus restoring the organism to its physiological state of normal evolution. To the synthesis of the pathogenic conditions of gout and its attacks, I oppose the synthesis of medicines, each of which must contribute in scattering the morbid troubles. In reality, I make a sort of equation between the pathogenetic conditions and morbid troubles on the one side, and the therapeutic action of the medicines on the other.

It has been under the foregoing conditions, and armed with definite and stable medicines, that a complete success has been obtained. The remedies utilized are inclosed in small wafers, each containing 8 grains (0.50 gramme) of the mixed salicylates and alkaloids. The full dose, in cases of acute gout, rheumatism, and sciatica, is 6, 7, or 8 wafers, taken with a little water. Exceptionally, two patients took 9 in the course of one evening. The wafers are to be taken at intervals of thirty, forty-five, or sixty minutes, according to the acuteness of the pain and the degree of the fever.

For cases of headache, neuralgia, subacute gout, or rheumatism, the dose is 2, 3, or 4 wafers. If taken *ab initio*, the number of wafers may be reduced. They will act promptly and surely as an abortive. The rule is to continue until the therapeutic effects are obtained. The success of these remedies has been so marked and so unvarying that, whenever the use of the preparation does not effect a rapid cure, one should ascertain whether the symptoms, the pain and inflammation, are not due to other causes, *i.e.*, fractures, surgical injuries, etc.

Selections from Reports of Members of the Annual's Editorial Staff.

Great Britain.

DR. NORMAN KERR,
EDITOR OF THE DEPARTMENT OF INEBRIETY, MORPHINISM, ETC.

All books, theses, monographs, etc., upon the above subjects should be sent to

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Insurance Relations of Inebriety.—NORMAN KERR, of London, points out that, under the usual provision in accident insurance policies, of intoxication invalidating a claim for death, two legal points are involved: one, the establishment of the allegation of drunkenness at the time; the other, that the accident was the true cause of death. On the point whether the accused was drunk, cases cited showed a remarkable conflict of evidence. It was not necessary that the assured should have been under the influence of liquor at death. Some offices would not insure publicans, other offices took them at a considerably enhanced premium, varying from 5 to 10 per cent. In one case of alleged death by accident the company was successful on the showing that the man died from syncope following the rupture of a large vein induced by alcoholic "rottenness" of the tissues and vessels, though a coroner's jury had returned a verdict of accidental death. In life-assurances, cases were cited to prove that concealment of intemperance and of delirium tremens was fatal to the claims. In one case concealment of a secondary effect of intoxication established resistance; in another no report as to habits was fatal. However, in some cases where there was a mass of evidence indicating intemperance, the verdict was against the company. The author contrasted the opposing testimony of witnesses for the prosecution and the defense in various trials, holding that there was intemperance which killed, but did not make manifestly drunk. More than a half of inebriate artisans and at least one-third of inebriates in the wealthier and more educated classes were insured. Two classes of inebriates were assured,—the inebriate before and the inebriate after insuring. The latter generally became drunkards unknowingly and gradually. The loss from both classes was very heavy. Concealment was not always designed. The loss was now borne by policy-holders, which was unfair to abstaining lives. To meet this difficulty some offices charged a lower premium to abstainers. Some diseased inebriates were limited drinkers. There was no recognized standard or definition of intemperance. The initial alcoholic lesion was difficult to detect. As inebriety ages prematurely, a good plan would be to age the policies of drinkers. Many offices declined to accept lives of reclaimed inebriates; Dr. Kerr approved of acceptance after a minimum probationary abstinent period of five years, in cases of five years' standing, with half a year added for every additional year's indulgence. With opiomaniacs the minimum term might be less, an added half-year for every two years' addiction. Chloral and chlorodyne

should rank with opium, chloroform and ether with alcohol. Then the premiums of the assurable cured might be loaded, from alcohol, with five years (with six months for every additional year of addiction); from opium, with four years and six months for every two years' additional duration. Policies, too, might be voidable on relapse, with return of the surrender value.—*London Lancet*, January 21, 1893.

Alcoholic Inebriety.—T. S. CLOUSTON, of Edinburgh, holds that the taking or abstaining from taking alcohol is not the simple question which many persons suppose it to be. Historical, social, physiological, ethical, and other considerations enter into the practice. Inhibition or control, which is both physical and mental, is one of the most important of the conditions of life and of nerve working. Social life requires inhibition of individual desires in all forms and circumstances to preserve the family and the race. The hereditarily healthiest and best brains have the greatest inhibitory power, inhibition being the highest of the brain's faculties. Keen cravings may arise in brains, but if the brains are perfect their power of inhibition will check these keen desires. There may be keen desires, intense cravings, with small inhibitory power, which is the typical condition produced by alcohol in certain brains. This is an entirely abnormal condition. The highest aim of education ought to be to increase this power. In small and single doses, alcohol acts almost exclusively on the brain and its blood-vessels; in large and repeated doses, the effects are generally nervous. The first effect of alcohol on inhibition is to paralyze the controlling nerves, so that the blood-centres are dilated and let more blood into the brain, which calls on the nerve-centres to do more work. In some brains, small doses give a general feeling of organic well-being; in others it, in all doses, confuses all mental operations. The inhibitory and the higher creative and initiative powers were, however, hardly ever stimulated. Even granting the stimulus of alcohol in certain brains gave better work, the man who worked constantly under that stimulus must pay the undoubted penalty of reaction. Taking his whole life, he would be happier, do more work, and live longer, with only the natural brain stimulus.—*Medical Pioneer*, February, 1893.

Alcoholism and the Industrial Arts.—JULES ROCHART, Paris, lays down that though drunkenness has been a vice of all time, alcoholism appertains only to our epoch. This modern disease was born with the production of industrial alcohols, practically, only about half a century ago. The terrible progress of this scourge is proved by the fact that all the northern nations of Europe drink twice, thrice, or four times as much as the French, the annual consumption of alcohol ranging from 3.80 litres per head in France to 16.51 litres in Denmark. In England intemperance among women has spread with deplorable activity. The alcohols of industry are dangerous not only because they produce drunkards, but because they are poisons, the more hurtful as they are less thoroughly rectified.—*L'Union Médicale*, February 16, 1893.

Morphinomania.—CHARLES LEFÈVRE, Paris, while approving of every moral means to warn people against morphine and cocaine indulgence,

dwells on the adoption of prophylactic measures to surround the sale of such narcotics as morphine and cocaine with every possible safeguard against abuse. These perilous articles should be sold only to dispensing chemists, and the latter should supply medicine containing either poison only once, unless the medical man prescribing has written a contrary instruction on the prescription. Hypodermatic syringes and narcotic solutions should not be sold to any persons except medical practitioners and pharmaceutical chemists, only on a written prescription similar to that for medicines containing the dangerous drug. The signature of a doctor to such prescriptions should be perfectly legible, and the prescription should bear its date. At Berlin, a prescription unless duly executed in these particulars is not made up. In Paris and London morphineries, like places for the smoking of opium, exist, where for a stated price the syringe is supplied full of the desired liquid. At present only the *Maison de Santé* and the asylum for the insane are available in France for the victims of morphine and cocaine.—*Journal de Médecine de Paris*, August 14, 1892. [In England and America, or in Germany and elsewhere, there are also Homes for Inebriates, where such cases of narcomania can be scientifically treated. But a law is needed to enforce the detention of these inebriates long enough to afford reasonable hope of cure.—N. K.]

Cocainomania.—DUANY-SOLER, La Rochelle, narrates the case of a young person, aged 14, who labored under intense cerebral excitement, with loquacity, agitation, dilated pupils, dry throat, and agonizing headache. By topical application to the throat, drops in the ear, and by being swallowed in bonbons, 25 centigrammes had been taken. Recovery took place gradually. Idiosyncrasies play an important part in the influence of cocaine. Some subjects cannot stand even very small doses; others are unaffected by large doses. In more than a thousand instances in which a 20-per-cent. solution had been applied to the urethra, only three sick persons had evinced abnormal symptoms, and all three recovered.—*Rev. Chir. Mal. Voies Urin*, January 1, 1893.

Medico-Legal Relations of Inebriety.—Treating of the bearing of inebriety on civil law, NORMAN KERR, London, stated that, at meetings of creditors, acting on his advice, legal advisers have refrained from calling as witnesses persons whose brains had been so affected by intoxicants as to dim the perception of truth and render their evidence valueless. In Quebec and New Brunswick the interdicted inebriate lost his civil rights. New York State law deprived the inebriate of the management of his property. In testamentary disposition a question arose concerning incapacity due to inebriety. Recent cases cited showed legal recognition of a diseased inebriate state. To invalidate contracts, the incapacity from intoxication must be complete. In America a defendant's partial intoxication did not void a contract unless the plaintiff purposely caused the intoxication; but total drunkenness voided any contract. In Dutch law, a contract entered into in a tavern was not valid unless ratified within twenty-four hours. In a recent Scotch case, Lord Wellwood held that it was not necessary to prove total

insensibility. The presumption in attesting was in favor of validity. A man might be moderately drunk, yet legally capable. Medically, a man might be outwardly capable, yet incapacitated, as in inebriate trance. Wills might be proved invalid if executed when the person was intoxicated. It had been ruled that incapacity to know the nature and consequences of the act of marriage might render the contract voidable. On the relation of inebriety to criminal responsibility, Norman Kerr, London, pointed out that, while Roman law (at least, as regards soldiers) made an allowance for drunkenness, Grecian law did not. In Mitylene there was a double punishment for offenses committed in a state of intoxication.

The New York Penal Code allows drunkenness to be considered as to a criminal intent. In German, Austrian, Swiss, Italian, and Dutch law, there is a distinction between culpable and inculpable intoxication. English laws generally exact complete responsibility. In Austria, a peasant farmer, while intoxicated, killed his brother. In Britain he would have been hung, or, at least, have received a very long term of imprisonment. Under the Austrian Code provision of a reduction of punishment in the non-intent of intoxication, he served nine months' imprisonment, became a changed man, and headed a temperance reformation in his district, where a monument has been erected to commemorate his great services to his country. Some authorities, with Coke, hold that drunkenness aggravates the offense; others, with Hale, that the punishment should be equal. But there has, for some time past, been a gradual judicial development of, in certain cases, a diseased brain condition short of insanity, which causes irresponsibility. Recent cases recognized a diseased inebriate cerebral state. In several trials, a plea of delirium tremens has secured an acquittal. Diseased inebriate offenders should be treated for their disease, and many of them would be cured.—*Inebriety*, 3d edition. London: H. R. Lewis.

Poland.

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Redaktor Korespondent z działu polskiej literatury tyczącej się: Medycyny ogólnej i lecznictwa; pediatryi; akuszerzyi; ginekologii; laryngologii; otologii; hygieny; demografii; medycyny sądowej; histologii; patologii; bakteryjologii; anatomii; fizjologii.

Wszystkie pisma lekarskie, dzieła, rosprawy, monografije, itd., w języku polskim wydane, a tyczące się przedmiotów powyższych, winny być nadsyłane pod adresem

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On the Parasitic Origin of Cancer.—P. BROWICZ's communication to the Fourth Congress of Polish Surgeons, at Cracow, is of especial interest, as it follows upon a number of widely differing theories concerning the parasitic origin of cancer. Basing his opinion upon numerous observations, Browicz rejects altogether the importance of these formations, which have been so much discussed and concerning which so much has been written of late, classing them among the number of protosporozoa.

The result of histological examinations of the various forms of cancer in their different stages of development may, according to Browicz, be stated as follows: It is not in a case of cancer itself that the presence of said formations can be proven; if they exist there, their

quantity and quality are of a totally different nature. While in the case of cutaneous cancer their quantity is insignificant, in cancer of the glands, as in that of the breasts, kidneys, liver, etc., they are found in much greater number. In regard to the development of epithelial cells, it may be remarked that, in those which are found on the peripheral surface,—that is to say, the most recent ones,—said formations do not exist. In the cells situated more in the centre of the tumor—that is to say, of older date—many are found. Furthermore, in recent disseminated tumors, Professor Browicz either found these formations in very small quantity or not at all, which fact, also, naturally speaks against their etiological significance; for if they existed as a provocative cause of the tumor, they should, of necessity, be found in the most recent part of the growth. Professor Browicz found formations resembling those of cancer in microscopical preparations from rhinoscleroma, tuberculous lymphatic glands, and in the epithelia of the air-cells of tuberculous lungs, as well as those from certain tumors of non-tuberculous nature, such as recurrent sarcoma of the eye, etc. The author supposes that the formations in question are nothing more than the products of degeneration of the epithelial cells and of the white corpuscles which frequently penetrate into the former. According to the author, the difficulty of inoculation also speaks against the parasitic origin of cancer. The objections on the part of those present at the Congress were turned principally against this last opinion.—*Przeglad Lekarski*, 1892, Nos. 34–35.

Diagnosis of Syphilis of the Nervous System.—P. DOMÁNSKI states that, in order to diagnose syphilis of the nervous system, two conditions are necessary:—

1. It must be shown whether it is of recent date or whether it has existed for some time.

2. It must be clinically proven that the existing affections are caused by syphilis alone. It is very difficult to demonstrate the latter if there are no visible changes in the organism, the more so since many patients do not wish to give the physician any indications as to their ailment or prefer to conceal it entirely. When syphilitic symptoms are present together with the derangement of the nervous system, it is most probable that this latter results from syphilis. In regard to the second condition, pathological anatomy shows us that, although changes of a syphilitic nature may occur anywhere in the brain, they have, nevertheless, a predilection for the periphery. As the gray substance of the two hemispheres of the brain contains the psychic centres, and as at its base are found on the one hand the motor centres, and on the other hand the nervous centres, the pathological changes occur in both, and occasion psychic and motor symptoms. The psychic changes show themselves in the weakening of the intellectual faculties,—intelligence, memory, faculty of combination, etc. The motor symptoms present themselves as paralysis of visual accommodation, changes in the activity and size of the pupil, and paralysis of eye-motion. If we, therefore, have in the patient the combination of these two troubles, we can positively diagnose syphilis of the brain, although careful examination of the patient

as well as the anamnesis have not demonstrated anything. We must further mention the extraordinary clinical development, consisting of continuous changes in the symptoms of the disease. As an aid to diagnosis, we must call attention to the action of specific treatment, which, however, does not always give infallible indications, inasmuch as the primitive changes due to syphilis only are influenced by specific treatment; the consequences of these changes are not affected by the same treatment.—*Gazeta Lekarska*, 1892, Nos. 36–37.

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Restoration of the Integument of the Eyelids in a Case of Severe Burn.—WEEKS, of New York, summarizes his most interesting and valuable article, on "Restoration of the Integument of the Eyelids in a Case of Severe Burn," by the following conclusions:—

"1. The transplantation of a flap without a pedicle is not so certain to be successful as the transplantation of a flap with a pedicle. The former should be done only when the latter is not possible.

"2. The flap should be free from subcutaneous tissue, and should be kept at the temperature of the body, as nearly as possible, during the process of removal. It should be placed in position as quickly as possible.

"3. Strict antisepsis or asepsis should be employed throughout the entire procedure.

"4. No sutures should be employed for securing the flap if they can be dispensed with. They add an element of danger.

"5. The flap may be inspected with safety after forty-eight hours. If there be no contra-indication, it should not be disturbed for four or five days.

"6. The attachments to the cheek, or of the margins of the lids to each other, should not be severed until the flap has become firm."—*New York Eye and Ear Infirmary Reports*, January, 1893.

The Correction of Oblique Astigmatism.—STEELE, of Chattanooga, Tenn., recognizing the difficulty of accurately placing the axes of cylindrical lenses in spectacles to be worn by persons with oblique astigmatism, gives the following rules as satisfactory in practice. The first rule, which pertains to cases of hypermetropia, is as follows:—

In those cases in which the axes of the proper cylinders for the two eyes diverge, place the cylinders at those points which will give the axes the greatest divergence permitted by the tests; and in those cases in which the axes converge, place them at the points which will give them the greatest convergence permitted by the tests. This rule is to be reversed in cases of myopia.—*The Ophthalmic Record*, October, November, 1892.

Ophthalmoscopic Appearance of the Macula Lutea.—WEYMANN, of St. Joseph, Mo., has made a clinical study of the ophthalmoscopic appearance of the region of the macula lutea. His results, which seem to be most trustworthy, have brought him to the following conclusions:—

"1. Except in very old people, the macula lutea is easily visible in the *vast* majority of all persons with perfectly transparent media, provided the observer be thoroughly familiar with the direct method, and examine under mydriasis only.

"2. The typical form of macula presents a red central dot, surrounded by a circular band of whitish color. The red centre corresponds to the foveola foveæ; the white ring, to the fovea, or the walls of the crater.

"3. The macula needs special adjustment of the ophthalmoscope, since it is usually nearer to the observer than the papilla optica.

"4. Secondary (or atypical) forms should not be considered real until after careful focusing. The observers will be surprised to find that such forms more often develop into a perfect No. 1 than retain their first appearance.

"5. If, in a healthy eye, the macula presents an indistinct appearance, it, very likely, also shows a false image, and should be focused correctly.

"6. The foveola (red central spot) may be absent, if the slopes are steep and meet at the bottom.

"7. The white band may be incomplete, owing to the small size (or absence) of the slopes in one direction. This occurrence is quite rare, the corresponding picture being usually resolved into a No. 1, with correct adjustment.

"8. Whenever the macula is recognized only by its deeper red and the radiating vessels, its appearance may vary a great deal; a classification is impossible, on account of the great irregularity."—*Ophthalmic Record*, December, 1892.

A New Combination of Convex Lens and Ophthalmoscope.—HOWE, of Buffalo, N. Y., has devised an ingenious combination of convex lens and ophthalmoscope, so small and compact that it can be carried in the vest-pocket. The whole contrivance, which is no larger than an ordinary convex lens, practically consists of such a lens surrounded by a rim over which is fitted a movable lid, on which a small adjustable Recoss disk of lenses is placed. The inside face of the lid is covered with a perforated mirror. The disk is so arranged that the lenses can be moved before the sight-hole by the means of a slot and a screw-head.—*American Journal of Ophthalmology*, February, 1893.

Post-Operative Cysts of the Iris.—CHEVALLEREAU reported a case in which, seven months after cataract extraction, two cysts of the iris appeared, which closed the pupillary area and necessitated removal. The writer gives the history of cysts following operation, and the views as to their origin. He considers that they arise by a portion of epithelium being carried from the anterior surface of the cornea to the iris, where it takes on

growth, forming either squamous epitheliomata or epithelial cysts.—*La France Médicale*, October 21, 1892.

Treatment of Intra-ocular Panophthalmitis.—TRUE recommends, in cases where panophthalmitis is limited to the intra-ocular tissues, the operation of *évidement* (modified evisceration) as the test operative procedure. The technique is as follows: Ablation of the anterior segment of the globe, scraping out of the infectious masses, intra-ocular injection of boric acid or other antiseptic solutions, and the application of antiseptic tampons to the eye.

He states its general advantages to be:—

"1. It is not very painful, and hardly ever requires general anæsthesia.

"2. It is simple, and may be done extemporaneously without great moral preparation of the patient.

"3. It preserves both a 'moral' eye and a stump very useful for prothesis."—*Annales d'Oculistique*, October, 1892.

Miners' Nystagmus.—ROMIÉE, in completing his exhaustive study of coal-miners' nystagmus, concludes that the essential etiological factor is overexertion of the muscles of accommodation, which brings about clonic contractions of the extra-ocular muscles.

He believes that refractive errors, especially hypermetropia, poor light, and a weak condition from any cause predispose to it. He claims that position has no effect in its production. He says the treatment should assist accommodation for the near work, this being best done by the employment of sulphate of eserine. He says, however, that although atropia, by paralyzing the accommodation, meets the indication in an opposite way, yet in his hands it has not given the same good results as eserine, and at the same time it diminishes vision. He adds that strychnia is a useful adjuvant.—*Annales d'Oculistique*, October, 1892.

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Spastic Contraction of the Tensor Tympani Muscle.—C. W. RICHARDSON, of Washington, D. C., reports this condition in a young patient, 16 years of age, a half-breed Chinese boy, who died from slowly-progressing pachymeningitis. The lad was precocious and quite intelligent until 14 years of age, when his cerebral disease began to manifest itself. At this age, too, he began to suffer from ticking sounds produced within both ears and heard plainly by any one standing beside him. The ticking in each ear was entirely independent of that in the other, the two seldom or never pulsating synchronously, the sounds in the right being more rapid than those in the left ear. They were not synchronous with the heart's action. These sounds, after persisting for two years, had produced a most injurious

effect upon the patient's physical and mental condition. Examination of the ears showed the drum-heads to be greatly retracted, but movable, except the manubria, these being firmly attached to the promontories. Hearing was normal. The nasal and pharyngeal cavities were normal; nor could any movements be observed, in the palatal or pharyngeal muscles, to account for the partly rhythmic sounds heard in the head. The ticking could be made to lessen under the use of inflation, by means of catheters, becoming less after each pressure of the bag. The muscular clickings ceased after a course of treatment consisting in these inflations, and continued during a period of about six months.

The pathology of the spastic contraction in this case seems to be one of central origin, and the cessation of the sounds was due more to the destruction of function of the nerve supplying the tensor muscles, occurring in the course of the cerebral disease, than to the efficacy of the inflation treatment.—*Journal American Medical Association*, December 22, 1892.

Otorrhœa.—SCHANIAVSKY notes that to the long list of drugs found to be of service in treating purulent inflammation of the middle ear dermatol is now added. He reports very successful results from its use in thirty cases of acute and chronic purulent otitis, media and externa. The ear is to be cleansed with a 3-per-cent. boric-acid solution, and dried. A piece of wool, impregnated with dermatol-powder, is then introduced deep into the meatus.—*Meditzinskoië Obozrenië*, No. 10, 1892.

Osteomyelitis from Otorrhœa.—BECO, of Liége, in a recent paper treats of suppurative otitis media and multiple foci of infection from staphylococci. After referring to cases of septicæmia following purulent otitis media, reported by Chauvel, and Le Gendre and Beaussenat, the writer gives notes of a similar case from his own practice. The patient was a carman, 48 years of age, who entered the hospital on account of his rheumatic pains. These were located in the knee-joints. His symptoms were decidedly negative, except these severe pains and a daily variation of temperature, from 37.2° C., A.M., to 39° C., P.M. At a later period the general condition of the patient became worse, and symptoms of pyæmia were manifested. At this time an abundant discharge of pus occurred from both ears, suddenly, one morning. The bacteria of this otorrhœa consisted of the staphylococcus albus. The patient died, and in the pus removed from the diseased knee-joint—tibia and femur—was also found the staphylococcus albus.

The case, early diagnosed as one of osteomyelitis, was considered to have developed from a chronic purulent otitis media, rendered a focus of infection by the presence of the staphylococcus albus. There is a possibility of error in this opinion, in this case, owing to the fact that the ears had not been examined; so that the existence of chronic purulent otitis media can only be surmised from the sudden appearance of the bilateral otorrhœa.—*Soc. Medico-Chir. de Liége*, August 4, 1892.

Operative Procedure for Cholesteatomata.—SIEBENMANN, of Basel, approves the method employed by Stake, of laying open the posterior wall of

the bony part of the external auditory canal into the spaces filled with the cholesteatomatous mass. From Siebenmann's experience, he thinks it best, however, to lay open the cholesteatomatous cavity from both sides, and maintain a permanent communication through it into the auditory canal and into the opened mastoid cells.—*Correspondenz-blatt für schweizer Aerzte*, October 15, 1892.

Ménière's Disease.—TSAKYROGLOUS, of Smyrna, in describing cases of Ménière's disease, from his own practice, states that, in the treatment of this disease, he relies upon quinine,—sulphate, valerinate, or hydrobromate, —especially in the chronic forms, and combined, usually, with ergotin in equal dose, namely, from 0.6 to 1 gramme daily. In the well-known apoplectic type of the disease, he finds quinine superfluous; but iodide of potassium is, here, of great use. Pilocarpine and antipyrin have failed. In the slight cases, and in vertigo arising from ear disease, he has generally found quinine to be curative.—*Monatsschrift für Ohrenheilkunde*, November, 1892.

Results of the Functional Examination in Cases of Pure Catarrh of the Eustachian Tubes.—SIEBENMANN, of Basel, reports that his experience coincides with that of Bezold, in finding pure tubal catarrh in 9 per cent. of his ear patients. By a systematized course of testing a number of cases, before and after inflation, he has found that certain phenomena are sufficiently constant to be accepted as reliable tests for this condition. He summarizes the chief results of his work as follows :—

I. The test of bilateral tubal catarrh exhibits the following functional changes :—

1. Diminution of air-conduction.
2. Increase of bone-conduction.
3. Localization of the tuning-fork placed on the vertex, upon the more affected side.
4. Shortening of Rinne's test, or its reversal to negative.
5. Elevation of the lower tone-limit.
6. Reduction of the upper tone-limit.

II. The first inflation does not notably influence either the increased bone-conduction or the reduction of the upper tone-limit. On the other hand, it improves in no small degree the diminished air-conduction and the narrowing of the lower tone-limit, without restoring them to their normal standing.

After the air-douche, the hearing is increased out of all proportion to the increased bone-conduction.

The reason why, after the first inflations, the upper tone-limit and bone-conduction remain unchanged is, in the author's opinion, to be found in the state of *hyperæmia ex vacuo* of the tympanic mucous membrane, and of deeper soft parts, which is always present in tubal catarrh. As a result, the annular ligament of the stapes is rendered rigid, and this fixation continues even after the "aspiration position" of the ossicular chain has been corrected by inflation.

It is overcome, later in the course of treatment, by repeated inflations. It is assumed, with Helmholtz, that the portion of the scala vestibuli lying nearest to the oval windows serves to effect the perception of the highest notes. The condition of the stapedial foot-plate, already described, must also affect this portion of the scale. Hence the lowering of the upper tone-limit, as well as the persistence of increased bone-conduction.—*Archives of Otology*, January, 1893.

Cocaine in the Treatment of Acute Inflammation of the Middle Ear.—WOLFENSTEIN, of Cleveland, has treated about one hundred cases of acute otitis media by instillations of cocaine, 5-per-cent. solutions. Ninety-five per cent. of all his cases have escaped suppurative inflammation. His plan is to instil 5 or 6 drops of the cocaine solution as often as pain returns. A single medication, the meatus being closed afterward with cotton, will, it is stated, cause pain to cease within ten or fifteen minutes, and the patient will be free from pain for several hours.

Ordinary cases of acute otitis media will subside under two or three days of treatment, the drops being instilled about four or five times daily.

Inflammation in the naso-pharynx must be treated also.

The writer believes that hearing returns more rapidly, and that tinnitus is greatly diminished and ceases more promptly, after this cocaine treatment than after any other procedure. Excellent results have been obtained in cases of otitis media complicating scarlatina and diphtheria. Merck's crystallized hydrochloride of cocaine has been found most reliable. The author has never seen any toxic effects result from this method, although he has sometimes used much stronger solutions of cocaine.—*New York Medical Journal*, November 5, 1892.

J. H. CLAIBORNE, of New York, treating of this same interesting subject, acute otitis media, outlines what in his judgment is the proper course of treatment:—

1. Hot 10-per-cent. solution of cocaine, to be instilled into the ear and retained for from five to ten minutes. 2. Hot solutions of boric acid, instilled into the ear, while spongio-piline, soaked in hot water, is applied over the whole surface of the external ear. 3. Inflation by the bag, and by the continuous method with Eustachian catheters. 4. Administration of a drastic dose of Epsom salts. After the acute stage has passed, blisters behind the ears might be useful, but they do no good during the acute stage. Paracentesis is not to be attempted, except by an expert.

Paracentesis, however, is claimed, by Mounier, to be of immense advantage in acute otitis media, and should be performed early in the course of the inflammation. In a long article upon this subject of *early incision of the drum-head in simple acute otitis media*, Mounier concludes that, in all cases where Politzer's method of inflation has not resulted in lessening the tension within the middle ear, relieving the tinnitus and re-establishing the normal relation between the bone- and air-conduction, paracentesis of the drum-head should be performed. Before puncturing the membrane, the external auditory canal is to be rendered aseptic by cleansing it with cotton

pledgets moistened in 1-to-1000 solution of sublimate, or 1-to-50 solution of phenic acid. Anæsthesia is produced by a 1-to-5 solution of cocaine hydrochlorate. The point in the membrane to be punctured should be in the postero-inferior quadrant; first, because this area is farthest removed from the wall of the labyrinth; second, because depletion of the swollen tissues here occurs rapidly in structures, where continued inflammation is apt to produce serious consequences upon the ossicular chain and the reduplications of the mucous membrane which surround it. The author believes that early paracentesis has a most beneficial influence in hastening recovery and, consequently, upon the acuteness of hearing.—*Annals des mal. de l'Oreille*, etc., October, 1892.

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Lupus.—DU CASTEL, in a clinical lecture on lupus, says that the ulcerative tendencies of lupus are especially pronounced in lymphatic subjects, but that they manifest themselves in various ways.

The ulceration while remaining shallow may extend rapidly over the surface; this is *lupus serpiginosus*. Or it may extend in depth, while only invading inconsiderable areas of the surface; this is *terebrating lupus*. Finally, lupus may rapidly destroy large extents of tissue, increasing at the same time in depth and upon the surface; this is *lupus vorax*.

To the first form belongs in particular the dry tubercle, the tuberculous nodule of lupus planus. The second commences sometimes by a typical tuberculous nodule, which at a given moment breaks down and ulcerates, sometimes, and more frequently by a lesion with humid appearances.

Du Castel says that lupus is essentially a local affection—a local tuberculosis *par excellence*. While it may remain for years confined to the point where it first showed itself, cases are not rare (in his experience) in which serious, even dangerous, complications arise in patients attacked by lupus, and they seem to spring up under the influence and as a consequence of the latter.

Renouard observed 33 cases of pulmonary tuberculosis in 87 lupous patients. Leloir, in 17 lupous subjects, observed pulmonary tuberculosis in 10 instances. Bender observed in 150 cases of lupus 99 instances of present or anterior tuberculosis.—*Gaillard's Medical Journal*, February 1, 1893.

[Lupus (by which, of course, lupus vulgaris is understood) is so rare in the United States, while pulmonary tuberculosis is so common, that the clinical relationship between the affections has rarely awakened any attention. It might be well if all cases of lupus vulgaris occurring here should be published, with a view of establishing this fact.—A. V. H.]

The Different Forms of Cutaneous Tuberculosis.—HALLOPEAU, in a clinical lecture, says that the skin may be invaded primarily or secondarily by tuberculosis. It is often invaded secondarily from suppurative tuberculosis of the ganglia or bone, or from subcutaneous tuberculous gummata and lymphangitis of the same nature.

Sometimes the secondary tuberculosis of the skin becomes the point of departure of lupus.

Among the primitive tuberculoses of the skin are the different forms of lupus vulgaris, anatomical tubercle or tuberculosis verrucosus, lichen scrofulosorum, and probably lupus erythematosus.

Hallopeau thinks that all cases of anatomical tubercle are not tuberculous in character, but this question has not been settled.—*L'Union Médicale*, February 14, 1893.

Ichthyol in Eczema.—RAVOGLI gives examples of the employment of ichthyol in eczema. In the case of an eczema rubrum of the legs, in an old lady, he applied first a liniment of 2-per-cent. ichthyol in glycerin, rose-water, sweet almond-oil, and lime-water. English lint, wet with this liniment, was applied, and the whole covered with cotton. This had a wonderful effect on the sore surface. The scales loosened, the redness diminished, the serous discharge grew less, the epidermis began to cover the surface, and the burning sensation was greatly relieved. The treatment was finished by applications of benzoated oxide-of-zinc ointment.

In a case of infantile eczema, a similar liniment was used with good effect. In other cases a stronger liniment was used, and sometimes ung. diachyli (Hebra) with 6 per cent. of ichthyol.

Ravogli also gives ichthyol internally in tea, in doses of 30 to 60 drops per day.—*Cincinnati Lancet-Clinic*, January 7, 1893.

A Case of Pemphigus Foliaceus.—REGENSBURGER, of San Francisco, reports the case of a German, 50 years of age, who had always enjoyed good health until an attack of influenza, in January, 1892, which left him somewhat weakened. A few weeks afterward he noticed the appearance of several bullæ over the sternum,—hazel-nut size, tense, and containing a straw-yellow fluid. After a time these burst and left the epidermis hanging in shreds.

The disease gradually extended, new bullæ forming and rupturing, while the ruptured lesions showed no tendency to heal. Several febrile outbreaks took place, each followed by a renewed eruption of the bullæ. Sometimes, however, no bullæ were present, the entire surface, excepting the palms and soles, being covered with fine, papery scales and shreds of epidermis, and having a glazed appearance. There was bowel disturbance at times. In spite of various treatment, the patient succumbed to the disease, after suffering extreme anguish for several months.—*Journal of Cutaneous and Genito-Urinary Diseases*, February, 1893.

Dermatitis Herpetiformis.—STEPHEN MACKENZIE, in an article on this subject, calls the affection a cutaneous neurosis, and surmises it to be a

peripheral neuritis and due to a parenchymatous inflammation, although, in some cases, it may be a functional affection. The excitation of the disease by pregnancy and uterine disease again suggests a reflex neurosis. A neuropathic disposition no doubt plays an important rôle in the production of the disease.

As to treatment, a sedative is often necessary in the first instance, and Mackenzie usually finds chloral best, although he sometimes has recourse to opium. When it is necessary to give a sedative in the day-time, he has had the best results from 10 to 20 minims of the tincture of cannabis Indica, administered three times a day. Antipyrin is sometimes of great service, especially when there is a predominance of urticarial phenomena. It is best given at bed-time or in the evening, in doses of 20 to 30 grains. Of all drugs which exercise an influence over the disease, arsenic, suggested by its marked influence on pemphigus, stands in the first rank. Full and increasing doses to the limit of toleration should be given. In a few cases it appears to be curative, in others it controls to some extent the disease, whilst in others it entirely fails. Quinine in full doses has occasionally appeared of service. Saline purgatives and diuretics have, in a few cases, appeared to do good, and alkaline tonics have been of service in improving the digestion when that has been at fault. Locally, continuous swathing with diluted glycerole of lead has been found by Mackenzie to be comforting to the patient. Sulphur ointments, as suggested by Duhring, seem to give relief in some cases.—*British Journal of Dermatology*, January, 1893.

Molluscum Contagiosum.—BARTHÉLEMY scrapes and excises the lesions of this disease. Vercherè uses the thermo-cautery.—*La Tribune Méd.*, March 16, 1893.

Post-mortem Appearances in Cases of Yaws.—BEAVAN RAKE gives the post-mortem appearances in several cases of lepers dying in the Trinidad Leper Asylum, who had suffered also from yaws. He failed in each case (four in all) to find any symptoms of visceral syphilis. In two cases the internal organs were healthy, while in the other two there was visceral tuberculosis. In one case the spleen contained yellow masses about a quarter of an inch in diameter under the capsule. In view of the fact that the other viscera were tuberculous, these growths were probably large yellow tubercles.—*British Journal of Dermatology*, December, 1892.

Potassium Chlorate in Leprosy.—CARREAU, observing that in a leper who was bitten by a rattlesnake a manifest diminution of the leprous tubercles took place before death, twenty-four hours after the bite, and recognizing the fact that the acknowledged result of inoculation of serpent-poison was to produce a condition of methæmoglobinæmia, indicated by black fluid blood, jaundice, internal and external hæmorrhages, determined to try the effects of heavy doses of potassium chlorate. He gave from 150 to 300 grains (10 to 20 grammes) of the drug daily for three days, producing grave symptoms of poisoning therewith, but after the disappearance of these symptoms the leprous tubercles almost entirely disappeared, leaving the skin soft and wrinkled.—*Provincial Medical Journal*, March 1, 1893.

Recent Suggestions in Therapeutics.

Ascites.
Potassium bitartrate in doses of 8–40 grms. (ʒii–x), or, generally, 10–20 grms. (ʒiiss–v) daily. (Sasaki, *Pharm. Ztng.*, No. 2, 1893.)

Chorea, Acute.
General Treatment. Rest in bed for 7–10 days, with isolation. Good nourishment; child to be fed by the nurse; *Ext. of malt* is valuable adjunct to diet. Wash whole body daily with soap and warm water, follow up by general massage for 20 minutes, combined with *sweet almond-oil* inunction. Remove any source of nervous disturbance (constipation, worms, menstrual troubles, etc.). *Liquor arsenicalis* best remedy for ordinary cases, given well diluted, after food, and gradually increased up to ♏x–xij (0.61–0.73 grm.): especially useful in anæmic and badly nourished. In more chronic cases, give course of *codliver-oil* and *malt*.
Symptomatic Treatment.
Acute Profound Prostration. Give *alcohol* promptly in full doses, never less than ʒiij (90 grms.), often up to ʒvj (180 grms.), sometimes more, in course of 24 hours. Warm wet-sheet packs (repeated sufficiently often to excite free action of skin) and brisk aperient. Rectal feeding, if necessary.
Constipation. At first give dose of *castor-oil*; if constipation persist, give daily morning dose of *confection of senna and sulphur* (equal parts), or of *brimstone and treacle, comp. liquorice-powder, cascara sagrada*, or equal parts of *glycerin* and *decoction of aloes* for older patients.
Delirium. If from nervous exhaustion (loss of sleep) give good food, moderate supply of *alcohol*, and hypnotics. If from brain disorder (insanity, hysteria, etc.), same treatment as preceding. If result of auto-toxæmia in connection with acute prostration, treatment of latter condition as above given.
Paralysis. Local hypodermatic injections of *liq. strychniæ*, ♏j (0.06 grm.); faradism; massage.
Sleeplessness. In mild cases, give hot sponge-bath at night, followed by cup of warm milk food containing small quantity of *brandy*. Quiet, darkened room, ventilation, cool temperature, comfortable arrangement of bed and bedding. *Potass. bromide* with *chloral hydrate*, ℞ gr. x–xx (0.65–1.30 grms.). If concurrent rheumatism, give full doses of *sod. salicylate* instead of *arsenic*, and add *laudanum* ♏v–x (0.3–0.6 grm.) to the *chloral and bromide* draught. If wild, maniacal excitement (insanity, hysteria), give hypodermatic injections of *hyoscine hydrobromate*, gr. 1-100 (0.0016 grm.), closely watched; *chloral* is not admissible if profound general prostration. *Chloralamid*, or *paraldehyde* in some cases. *Sulphonal* useless by itself; may prolong effect of a *chloral* draught when given 2 hours before, partially dissolved in brandy and hot water. *Chloral* also used in successive doses to keep patient asleep for several days to break up choreic habit; occasional intervals of waking for giving food.

Chorea, Chronic.
Massage, Swedish exercises, amusements, nutrition, personal hygiene of patient. (Alfred H. Carter, *Provincial Medical Journal*, February 1, 1893.)

Constipation, Chronic.
Dilatation of the sphincter ani. Abdominal massage. Electricity to be applied by the physician. Patient should go to stool daily at same hour; correct errors in diet; exercise (out-door); dress warmly in winter; take glass of cold or warm water on rising in morning, or eat fruit at beginning of morning meal; make change in climate or occupation if necessary. (S. G. Gant, *Medical Herald*, March–April, 1893.)

Cretinism.
Hypodermatic injection of *thyroid extract*, ♏x, twice a week; if irritable, restless, and sleepless, reduce to once a week, semi-monthly, or monthly. After some months (6) give *raw thyroid gland* as food, by mouth: half a lobe per week at first; after 2 weeks, 1 lobe per week, increased to 2 lobes, unless ill effects develop, in which case reduce to 1 lobe a week. Administer in cool beef-tea. (Edward Carmichael, *Lancet*, March 18, 1893.)

Eclampsia.
Inhalations of *oxygen*, regulating the quantity of gas given by the condition of the urine. If the only alteration is the presence of a small quantity of albumen, give 30 litres (quarts) during the 24 hours. If the amount of organic depuration is below the physiological standard, double or treble this amount is given. (Jaccoud, *L'Union Médicale*, February 9, 1893.)

Fracture.
Compound Comminuted, of Humerus. Freely pare edges of wound, irrigate with *sublimate solution*, and bring edges together with silk sutures; no drainage-tube. *Cyanide* dressings. Envelop limb in *plaster of Paris*. Not dressed for two weeks. Leave off splint at end of month. (Bidwell, *Brit. Med. Journ.*, March 18, 1893.)

Gonorrhœa.
Acute. Add *dermatol* to a mucilage of *chondrus crispus* and *cetraria islandica*, mixed with *benzoin* and *glycerin*, to make 1–5 % solution. Inject 2 grms. (30 minims), gradually withdrawing the syringe (deep urethral). (Vaughan, *La Tribune Médicale*, March 23, 1893.)
Chronic. Use urethral injection of: ℞ *Dermatol*, 4 to 10 parts; *water*, 200 parts; *gum*, q. s. to make emulsion. (Rosenthal, *La Tribune Médicale*, March 23, 1893.)

Lupus.
Of Face. Free removal and skin-grafting with large flaps. (Bruce Clarke, *Brit. Med. Journ.*, March 18, 1893.)

Macroglossia.
Anæsthetize patient; pass ligature through each half of tongue and draw well forward. Wedge-shape incision for removal of fore part of tongue (incisions made with knife and scissors). Tie bleeding points with silk. Bring sides of tongue together with silk ligatures. Remove first stitch on 4th day; last on 7th day. (Leah, *Brit. Med. Journ.*, March 18, 1893.)

Microcephaly.
Craniectomy under anæsthesia; catgut drain. Stitches and catgut drain removed on fifth day. (Allan Perry, *Brit. Med. Journ.*, March 18, 1893.)

Pertussis.
℞ *Beech-wood creosote*, 0.25 grm. (gr. iv); *sulphonal*, 0.20 grm. (gr. iij); *syr. tolu.*, 150 grms. (ʒv). M. Sig.: Teaspoonful every two hours. (Almeida, *Pharm. Post*, No. 4, 1893.)

Pruritus Vulvæ.
℞ *Potass. bromidi, lupulini*, ℞ 2 grms. (gr. xxx); *hydrarg. chloridi mit.*, 10 grms. (ʒiiss); *ol. oleum*, 30 grms. (ʒj). M. Sig.: For external use; shake well before using. (Meisel, *Les Nouveaux Remèdes*, February 24, 1893.)

Puerperal Fever.
Prophylaxis. Hands of attendant should be surgically clean, bed freed of all blood-staining, any fragments of membrane or placenta removed by careful syringing with sterilized water, with or without antiseptic drug in solution, especially if labor has been protracted. Repair at once any laceration of perineum and dust with *iodoform*. Vaginal syringing daily: if suspected cervical laceration, much loss of blood, prolonged labor, dead child, or in unhealthy subjects.
Treatment. When septic fever has occurred, give mixture of *ergot* and *iron*. Rinse out vagina, flush uterus by means of flushing curette, aided by speculum and tenaculum forceps, and then leave *iodoform suppository* within the uterus. Insufflate *pulv. ac. boracic* and *iodoform* into upper vagina and on to the os, to be repeated, if necessary; in other cases simply continue vaginal syringing. (W. T. Clegg, *Provincial Medical Journal*, February 1, 1893.)

Syphilis.
Inject, once a week, hypodermatically, at temperature of 77° F. (25° C.), 1 c.cm. (♏xvj) of the following: ℞ *Resorcino-acetate of mercury*, 5.60 grms. (gr. lxxxvij); *liquid vaselin*, 5.50 grms. (gr. lxxxv); *anhydrous lanolin*, 20 grms. (gr. xxxj). M. Or the following may be used in the same manner: ℞ *Tribromo-phenacetate of mercury*, 6.50 grms. (ʒv); *liquid vaselin*, 18 grms. (ʒiv ♏xl). M. (Ullmann, *Rep. de Pharmacie*, March, 1893.)

Tetanus.
Inject hypodermatically, under skin of abdomen, 50 c.cm. (ʒiss) of *antitoxin serum* of potency of 10 millions, every 3 hours, till symptoms abate, then p. r. n. *Bromide and chloral*, ℞ 8 grms. (ʒij) by mouth. (Barth and Roux, *Sem. Méd.*, March 8, 1893.)

Variola and Varioloid.
Cocaine, in 4-per-cent. solution, by mouth, carefully watched, every 6 hours; dose is 1 drop for each year of patient's age to 20. May be given in sweetened pastilles of gr. 1-24 of *cocaine*, with small amount of *pepsin*; or in suppository, every 6 or 8 hours, in same dose as by mouth. Hypod. method not advised, except drug cannot be given by mouth or rectum; if used, dose is ¼ of dose by mouth. (E. Pepper, *Am. Journ. Med. Sci.*, March, 1893.)

Editorials.

"RUNNING AMUCK" AS A MEDICO-LEGAL POINT.

A VERDICT of not guilty was recently awarded in a case of double murder in Paris, one of the points adduced in the evidence being that the accused, being a Malay, was liable to that peculiar condition in which a sudden explosion of ephemeral insanity causes the individual to "run amok," as it is termed in India.

The accused was a much-appreciated painter of the Spanish and Italian school whose disposition was proverbially gentle. Modest and kind with every one, he had a host of friends. His behavior as husband, father, and . . . son-in-law was irreproachable, and in every way his home was characterized by that happy condition so thoroughly expressed by the German word *gemüthlich*. The wife, having been ordered to a watering-place by her physician, went there alone for economy's sake. There she met her tempter, one of those beings who speak of "honor" when their word is doubted, but who, in reality, are as thoroughly destitute of it as a mongrel pup. Time eventually brought discovery and proof. The wife's family, in their efforts to shield her, resorted to trickery in order to cause a proposed divorce *suit* to result in her favor on a plea of maltreatment; but so thoroughly *did they* succeed in bringing forth a state in which he would give cause for their accusation, that they induced the peculiar paroxysm during which, as he stated in court afterward, "he had seen red." Seizing a revolver, he severely wounded his brother-in-law, then killed his mother-in-law, and mortally wounded his wife, and, in the continuation of his rage, stood before the opened window, with the smoking revolver in hand, warning all to keep away from him lest he might kill them. When the room was reached, a few moments later, the insane freak had already left him, and he was found kneeling by the side of his victims, overwhelmed with remorse and sorrow. The plea of "running amok," suggested by an erudite neighbor, Mr. Paul Dupont, was fully shown, by the immediate and subsequent events, to have played an important part in the performance of the crime.

Dr. Ellis, Medical Superintendent of the Lunatic Asylum at Singapore, discusses, in his last report, this peculiar form of madness. Fright, grief, brooding over real or imaginary wrongs, the sight of human blood (especially the person's own), and a peculiar state of nervous depression have been noted as exciting causes. The question is, how far a man should be held responsible for the crimes committed when running amuck? In persons suffering from epilepsy strong emotion will bring on a fit, due, according to recent theories, to transient nervous discharges emanating from explosions in the motor portions of the cerebral cortex, and which become the cause of the intense muscular spasms present. Dr. Ellis believes that in some Malays strong emotions also bring on explosions in the sensory portions of their cerebral cortex, the result of which is an unconscious paroxysm of homicidal mania. During the paroxysm the unfortunate individual

will rush through the most crowded street or village, stabbing right and left at man, woman, or child; relative, friend, or stranger. After such an outbreak, the duration of which may be from a few hours only to a few days, nothing is remembered that took place during it, the usual explanation on the part of the individual being that the head was giddy, and that everything appeared red or black. All men examined by Dr. Ellis after running amuck, at periods varying from a day to a few weeks after the incident, had a wild, furtive stare, and when questioned as to the amuck their respirations became hurried, and their pulse quickened, as they answered, "I don't know," or "I can't remember." He could discover nothing else abnormal, except in one man who was undoubtedly quite insane. Those who run amuck from a sudden impulse are, in his opinion, quite unable to refrain from obeying that impulse, and, moreover, are unconscious of what they do whilst obedient to their impulse, and, therefore, should not be held responsible for any action they may commit during their paroxysms of mania,—a mania that would even come under the definition of insanity; the sense accepted in courts of justice. Those, on the other hand, who, from some real or imaginary wrong, or from any cause, first willfully work themselves into an uncontrollable rage and then run amuck, although he believes them to be quite unconscious as to their actions when running amuck, should be held, to a certain extent at least, responsible for their actions, for they must thoroughly understand what is likely to result from their first willful action.

THE PAN-AMERICAN MEDICAL CONGRESS.

THE Pan-American Medical Congress will meet in Washington, D. C., September 5, 6, 7, and 8, 1893. The President is William Pepper, M.D., Philadelphia, Pa.; Treasurer, A. M. Owen, M.D., Evansville, Ind.; Secretary-General, Charles A. L. Reed, Cincinnati, O.

The work of the Congress will begin, in the various sections, September 5, and will close September 8, 1893.

In a communication from Dr. H. A. Hare, President of the Section on Therapeutics of the Pan-American Medical Congress, he desires us to state in these columns that it is the earnest desire of the officers of the Section on Therapeutics of the Pan-American Medical Congress that both specialists and general practitioners should contribute articles to its proceedings.

Gentlemen who desire to read papers at this meeting should notify Dr. Hare at once of their intention, and should send him, by July 10th at the latest, an abstract of their paper, in order that it may be translated into the three official languages of the Congress and published in the programme. The importance of this Section and the interesting papers which have already been promised give assurance of a very successful meeting.

The Section on General Medicine, which is one of the most important that has been created, bids fair to be one of the most successful in the entire Congress; and already many valuable papers are in process of preparation, and will be read at the meeting.

It is especially requested that those intending to join the Section on General Medicine, or to read papers, shall at once send their names, with titles of papers, to the Secretary, Dr. Judson Daland, 319 South Eighteenth Street, Philadelphia.

THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

The bill before the Senate and House of Representatives asked for $85,000 for the construction of a new wing for the University Hospital; $10,000 annually, for two years, for the maintenance of poor patients; and $15,000 for the completion of the Maternity Building. The bill submitted to the State Board of Public Charities asked for $100,000 for a new wing for the University Hospital; $20,000 annually, for two years, for the maintenance of poor patients; and $25,000 for the extinguishment of a debt incurred in the support of poor patients; and $10,000 for the completion of the Maternity Building. The bill is, therefore, for hospital purposes.

THE University Hospital, though a part of the University of Pennsylvania, has its own Board of Managers, and its funds and properties, which are held in special trust, to be expended solely for hospital purposes, and *at no time* has the University Hospital received or given financial aid to the Trustees of the University of Pennsylvania. Founded in 1874, it has been in active work for eighteen years. Since its foundation, it has incurred annual deficits amounting to $67,609.55, which has, from time to time, been made good by private contributions. There now remains upon it, however, a funded debt of $21,000. The accommodations are insufficient to meet the demands, and additional accommodation is needed for poor women about to be confined. The bill as presented is worthy of thoughtful consideration and favorable action, for, through its passage, the usefulness of a great public institution will be extended toward the alleviation of the ills and sufferings of mankind. In the name of humanity, our legislators should be humane.

INTERNES COOK COUNTY HOSPITAL, CHICAGO.

THE annual competitive examination for the positions of interne at this institution, one of the largest hospitals in this country, was recently conducted by thirty members of the regular medical staff.

An examination of the records shows that, of the 31 competitors, 12 were students of Rush Medical College, 9 of the Northwestern University Medical School (Chicago Medical College), 9 of the College of Physicians and Surgeons, and 1 of the Northwestern University Woman's Medical School. The eight positions were secured by E. H. Tinen, F. A. McGrew, R. B. Oleson, J. J. Claussen, G. W. Skinner, T. J. Williams, T. P. Findley, and T. A. Olney, in the order named.

Representatives of Rush Medical College secured first, second, fifth, sixth, and eighth (5) places; Chicago Medical College, third and seventh (2) places; College of Physicians and Surgeons, fourth (1) place.

Interneships in this hospital are among the most valuable positions obtainable in this country, and, as they are very earnestly competed for by the best students of the different medical schools in that city, the gentlemen securing positions are to be congratulated.

Reviews.

UEBERSICHT UEBER DIE BACTERIEN. HOLST.

A short and good book for students. It contains many concise chapters on the general subject of bacteriology, and all recent work on immunity; the investigations on the plasmodia and the protozoa are considered.

GRUNDRISS D. BAKTERIOLOGIE. SCHENCK. 1892.

A small book, well designed and printed. In the main a simple, useful work as an introduction to the study of bacteriology.

MIKROÖRGANISMEN DER MUNDHOHLE. (Zweite Auflage.) MILLER.

This second edition is a thorough revision of the first. Notably enlarged and changed are the chapters on asepsis and antisepsis in dentistry. As the result of his work he gives, as the most useful disinfectant mouth-wash and tooth-powder, the following:—

Mouth-Wash.—Benzoic acid, 3.; saccharin, 2.50; tinct. rhatany, 15.; alcohol, 100.; oil of peppermint, 0.5; oil of cinnamon, 0.5. Mix, and use 3 parts to 27 of water.

Tooth-Powder.—Prepared carbonate of calcium, 40.; carbonate of magnesium, 10.; saccharin, 0.75; benzoic acid, 1.; oil of peppermint, 1.; carmine powder, q. s. to color.

BEITRAGE ZUR PROTOZOEN FORSCHUNG. 1 HEFT. R. PFEIFFER.

This number contains a description of coccidia as seen in the liver and intestines of rabbits,—the coccidium oviforme. He does not state that they may be beautifully stained by the Ziehl or Koch-Ehrlich method, as first observed by L. Frothingham, of the Sheffield Scientific School (Yale University).

DIE BLUTSERUM THERAPIE. BEHRING.

The first volume in a series founded upon the therapeutic use of blood-serum has appeared. It is an interesting, but very enthusiastic, account of the work done by the author, and it is remarkable how he ignores the work of other men, notably that of Tizzoni and Cantani in their work upon "Tetanus." (Six advanced cases of tetanus have been reported as cured by their tetanus antitoxin.)

DIE NATUR DER SCHUTZ. U. HEIL SUBSTANZ DES BLUTES. EMMERICH.

The theory advanced is the formation of serum-albumen, a "Bakteriotoxin." Unlike Behring, he acknowledges the work of other observers, even if he criticizes unfavorably.

BEITRAGE ZUR KENNTNISS DER LEUCOCYTOSE. ROEDER.

An extremely interesting book, setting forth all that is as yet known upon this obscure subject. He draws especial attention to the fact that, in typhoid, the leucocytes are reduced in number, an important point in differential diagnosis between typhoid and pneumonia on the one hand, with leucocytosis and tuberculosis on the other, with a normal relative proportion of leucocytes.

REPORT ON ETIOLOGY AND PREVENTION OF YELLOW FEVER. GEO. M. STERNBERG, U. S. Marine-Hospital Service.

In his introduction Sternberg states: "Among the micro-organisms encountered there is not one that, by its constant presence, can be shown indisputably to be the specific infectious agent in the disease." The work includes a full history of yellow fever, as well as an account of the work of Sternberg. It is interesting, not only as being the best critical essay on our present knowledge of yellow fever, but as a perfect description of the methods of scientific experimentation.

H. C. ERNST AND H. JACKSON.

Monographs Received.

The editor acknowledges with thanks the receipt of the following monographs:—

Contribution a l'Etude de l'Hydrorrhée nasale, by *L. Lichtwitz*, Paris.——Syringomyelia, by *J. I. Eskridge*, Denver, Col.——Is Evolution to do away with the Clitoris? by *R. I. Morris*, New York.——Achillodynia, by *A. A. Eshner*, Philadelphia.——Phenate or Carbolate of Cocaine as a Local Anæsthetic, by *D. Braden Kyle*, Philadelphia.——Surgical *versus* Educational Methods for the Improvement of the Mental Condition of the Feeble-minded, by *Frank P. Norbury*, Jacksonville, Illinois.——La Goutte, by *J. Vindevogel*, Bruxelles.——Treatment of Keratoconus by Means of the Galvano-Cautery and Iridectomy, by *Robert D. Gibson*, Youngstown, O.——Papilloma of the Larynx, by *Robert D. Gibson*, Youngstown, O.——Cholera Asiatica and Cholera Nostras; their Diagnosis and Treatment, with special Reference to the Bacillus, by *Arnold Stub*, Brooklyn.——Some Observations on Lateral Curvature of the Spine as a Result of Empyema, with Report of a Case, by *Charles H. Merz*, Sandusky, O.——Remarks on the Use of Sedatives in the Treatment of Insanity, by *Frank P. Norbury*, Jacksonville, Ill. ——Some Practical Points in the Diagnosis of Spinal-Cord Lesions, by *Frederick Peterson*, University of Vermont.——Endothelioma of the Lesser Omentum, by *Conolly Norman*, Richmond Asylum.——Sur l'Origine Bactérienne de la Fièvre biliceuse des Pays Chauds, by *Domingos Freire*, Rio de Janeiro.——Relatorio apresentado ao Cidadao Ministro dos Negocios do Interior, by *Domingos José Freire*, Rio de Janeiro.——On Position during Chloroform Narcosis, by *Alex. Duke*, Cheltenham.——The Modern Antipyretics: their Action in Health and Disease, by *Isaac Ott*, Easton, Pa.——Abscess around the Rectum, by *Charles B. Kelsey*, New York City. ——Criminal Responsibility in the Early Stages of General Paralysis, by *Frank P. Norbury*, Jacksonville, Ill.——Surgical Interference in Cerebral Diseases of Children, by *Frank P. Norbury*, Jacksonville, Ill.——The Treatment of Nasal Stenosis by Means of a New Intra-nasal Tube, by *Peter J. Gibbons*, Syracuse, N. Y.——International Sanitation, by *Felix Formento*, New Orleans, La.——Post-mortem Appearances in Cases of Yaws, by *Beavan Rake*, London. ——Transactions of the American Ophthalmological Society, New London, Conn., 1892.—— Fermentation, Infection, and Immunity, by *J. W. McLaughlin*, Austin, Texas.——Geneeskundig Jaarverslag, Betreffende Den Gezondheidstoestand Bij De Koninklijke Nederlandsche Marine gedurende 1890, Medegedeeld Door, *F. I. Van Leent*.——The Johns Hopkins Hospital Reports, Pathology, vol. iii, Nos. 1, 2, 3.——A Clinical Study of Cases of Asiatic Cholera Treated by Hypodermoclysis and Enteroclysis, by *Judson Daland*, Philadelphia, Pa.——Separat-Abdruck aus "Fortschritte der Medicin" Original-Mittheilung aus der Medicinischen Klinic, des *R. V. Jaksch*, Prag.——Ueber das Volumen der rothen und weissen Blutkörperchen im Blute des gesunden und kranken Menschen, von *Judson Daland*, Philadelphia, Pa.—— Clinical Reports on Insanity by the Medical Staff of the Maryland Hospital for the Insane, Catonsville, Md.——Post-partum Eclampsia: Report of a Case; Recovery, by *Elmer E. Keiser*, Tacony, Phila.——Ueber Diphtherie, von *O. Heubner*, Leipzig.——The Humanitarian, by *Victoria Woodhull*.——Some Considerations in Reference to Uterine Hemorrhage, Puerperal and Non-puerperal, by *A. Vanderveer*, Albany, N. Y.——Senn's Great Surgical Clinics at the Rush Medical College, Chicago, by *G. Wiley Broome*, St. Louis, Mo.——A Case of Hereditary Syphilitic Pemphigus, by *James M. Brown*, Philadelphia, Pa.——Resection of the Optic Nerve, by *Dr. Rohnur*.——Arterial Saline Infusion, by *Robert H. M. Dawbarn*, New York City.——Intercolonial Medical Congress of Australasia: Anatomy, Physiology, Pathology; President's Address, Sydney, 1892.——Public Health Circulars, No. 11; Influence of Milk in Spreading Disease, by *E. O. Shakespeare*, Philadelphia, Pa.——Some Experiments with Modified Tuberculin, by *Joseph Eichberg*, Cincinnati, O., and the Treatment of Tuberculous Laryngitis with Modified Tuberculin, by *Max Thorner*, Cincinnati, O.——Zymosis and Pathogenesis, Part XI, by *James I. Fellows*, New York City.——Chronic Urethritis, by *R. W. Stewart*, Pittsburgh, Pa.——A Case of Fibrous Epithelioma at the Root of the Tongue, by *Jonathan Wright*, Brooklyn, N. Y. ——A Case of Abductor Paralysis of Both Vocal Cords, by *Jonathan Wright*, Brooklyn, N. Y.

THE

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Original Communications.

NOTES ON THE EPIDEMIOLOGY OF THE ISTHMUS OF PANAMA.

By Joseph Levi, M.D.,
COLON.

When news was received here last year that cholera had appeared in New York City, many went wild with nervousness and fear. The government immediately ordered that all houses, streets, etc., be disinfected and cleaned. Decrees were passed demanding the exclusion of all steamers from Europe and America. This hasty step was taken because there exist no conveniences for establishing quarantine stations here. For a time we were cut off from all communications with the Old and New Worlds; at the least, directly. Later on,—the receipt of telegrams informing us that there was no epidemic of cholera in New York, and that the few cases pronounced at first to be "Asiatic cholera" were, perhaps, cases of cholera morbus,—petitions were forwarded to the government requesting that the decree be modified so far as to permit the free entrance of the American steamers from New York. After a short time, during which the President (Nunez) of Colombia was interviewed in person by a committee composed of the Captain of the American man-of-war "Concord," stationed here to protect the railroad properties, and the Consul-General of the United States, Mr. Adamson, official representative of the Panama Railroad Company, permission was granted to allow the American steamers to enter the port without delay. They were kept under observation for a day or two, and, nothing of suspicious nature developing, were permitted to anchor at their docks. Steamers from European capitals, or cities like Hamburg, Havre, etc., were excluded. Those from England and where no epidemic cholera existed were admitted,

after certain rules and regulations were complied with, as demanded by the Physician of the Port. At no time have I seen the population of the country so excited. Some of the old inhabitants, who have lived here for a long time, were surprised at the morbid fear entertained. Those who remembered the last epidemic of cholera here say that it was very mild indeed. When other towns and cities, etc., in the vicinity were attacked, Colon was not.

It is a strange coincidence, but Colon so far has never been a victim of epidemics of any kind. The last pandemic of influenza,—*la grippe*,—which attacked other South American cities very severely, and near by to Colon, did not find a good field here. As I wrote at the time, most of the cases of influenza here, if not all, were of the milder, catarrhal type, and with no deaths, so far as I knew. Again, about five years ago, small-pox was introduced here by some emigrants, and the same was totally stamped out in a short time by isolating promptly each new case and conveying it to the Hospital,—a house bought by Germans for this purpose. There were as many as sixty cases confined therein at one time. These were solely attended by the so-called Doctor (he held no diploma), with seven or eight negro women as nurses, etc. He was then employed in the government's service here. This man was a pure negro, who had served for many years in the capacity of dresser in the public poor-house in the Island of Jamaica, W. I.

He either understood this work and the proper treatment of small-pox, or Colon was purely and simply not a good field or fit place for the cultivation and spread of the disease, since the same made no progress. From the start the cases were sporadic, and remained so until it gradually died out. Very many of the inhabitants did not know that there was small-pox in the place. People at that period were exceedingly busy, and all making money easily and rapidly. The canal was then at work and paying a large staff, etc., high and constant wages. Colon, also, at that time, was one of the dirtiest places in the world, and claiming her victims of malarial fevers by the hundreds all over the country. Then swamps and cess-pools existed in every street, right under and beneath your windows. The water-closets, built near by the kitchens and alongside of the iron tanks which contained the supply of drinking-water, were never cleaned except when running over.

With all these exciting and predisposing causes, very few died of small-pox at the time; neither were the majority of the inhabitants vaccinated. It was not demanded by the government, nor compulsory, and never will be for years to come. Many on the Isthmus, who might be counted as authorities as far as experience and study go, concerning malarial germs, etc., etc., advanced the theory that the malarial germ destroys nearly all other germs, etc., and will thus permit none others to reproduce themselves in sufficient numbers to produce epidemics of their special kind. They assert that, so long as Colon continues to be highly malarious, she will escape all severe visitations of infectious and contagious diseases like cholera Asiatica, small-pox, influenza, typhus fever, etc., etc. My opinion is, that they are not far away from the true solution of a mystery. I feel, at times, almost certain

that this might be true so far as consumption or tuberculosis *here* is concerned. If not so, why is it that there are so few cases of acute phthisis here, when and where the conditions existing for its contraction and increase are so apparently many, and, also, so appropriate?

We do not see, to-day, many cases of pure pernicious malarial fevers; still, now and again, fit subjects, surroundings, and conditions present themselves simultaneously. A few weeks ago I visited a family of four Turks, who were unclean and filthy in person and habits. The family had recently arrived here from Venezuela, driven by fear of the revolution there. They were, apparently, peddlers, selling jewelry and brass crucifixes, curios from Jerusalem, and what not. On their unwashed persons, in belts of wire-cloth, or sashes, placed securely around their waists, they carried many hundreds of pieces of gold coin, each of the value of $5. This did not prevent them—two women and two men—from renting one of the cheapest and, certainly, dirtiest rooms in the back swamps. Here they lived on the poorest of food and drank the foulest of water, awaiting the steamer to take them to Europe. The third or fourth day after arrival, one of the men had an acute attack of ordinary intermittent malarial fever. He remained without care or medical attendance for about eight days, sleeping, day and night, on the dirty floor, with old rags for a bed. On the tenth day I was sent for, and ordered quinine, strict cleanliness, and diet suited to the case. On my next visit, I was informed frankly that the patient, upon the advice of the others, had thrown the quinine mixture out of the window, after taking about three doses, equal to 40 grains. I was shown the bottle in the back-yard. Was informed that my medicine was "*no bueno*"; it made his ears deaf and his head "heavy like drink." Notwithstanding these symptoms he was better, but I failed to make them believe it. My services were dispensed with, and my fee was paid, plus curses muttered in Turkish as interest. I left this ignorant family, regretting their conduct; since I knew perfectly well that, sooner or later, without quinine, etc., one by one, each would become a victim to the fever, and be taken to "Monkey Hill," their gold paying for the car-fare, etc. In the fevers of the Isthmus the prognosis depends solely on the patient receiving prompt medical assistance, etc. If not, the type soon changes, and the fever becomes pernicious, more so when the patient is predisposed to the attack by his condition and surroundings. Another excuse for refusing to take quinine was that in Turkey it "made people get crazy." To make a true story or history short, I may say that, as I expected, the patient continued to get intermittent attacks of fever for about six days more, and then developed a continued or remittent fever. The remaining three members of the family, strange to say, had not as yet contracted the fever,—probably because of the excitement and state of mind induced by their companion's illness. They left him and themselves in the hands of "Kismet." Apparently there was no fear of the disease, at first, or of death, either ignorance or belief in Fate or Destiny rendering them so apathetic, etc. When the neighbors (plus the patient's wild delirium) had at last frightened them, by informing them that their money would be stolen if they became too sick to defend

themselves from thieves out in the country, another physician was sent for. He also prescribing quinine, and not curing the man in a few days, as they stupidly expected, was also given his *congé*. Doctor after doctor was now sent for and changed, after a visit or two, until I was, for the second time, asked to visit the poor Turk.

The last physician who treated him was from the steamer "Colon," of the Pacific Mail. He is a Philadelphian, and a graduate of your city. He is a very plucky and energetic young man, as was shown by his dissecting the body of a sailor, who had fallen overboard from the steamer when returning at night in an intoxicated state. The sailor's body was in a state of decay, having been in the water for some time. It was washed up on the beach near the steamer, where he found it. He did the work in the hot sun, although informed that he was endangering his health, and would surely contract a bad fever, etc. His excuse was that the bones were a perfect and beautiful set, worth preserving and taking home with him. So they were, as could be seen when the carrion-crows had partly eaten away the muscles, etc., from the body. These birds in Colon act partly as government and public scavengers. They at once eat up all dead animals and filth found in the city. Who shoots or kills one is severely fined by the authorities here, as also in many South and Central American cities. In *Port* Simon, Nicaragua, many a murderer escapes the punishment he deserves, as his victim cannot be identified a few hours after death. These birds pick a body clean in a few hours, leaving a beautiful and dry set of bones for the authorities to bury in a lonely grave. Many interesting facts concerning the habits and life of these birds might be written, but that is another affair.

Well, he visited the patient also, as I said, and prescribed for him, but, as might be expected, could do but little good, more so as the patient was now perfectly unconscious, as I understood after; it was, moreover, the first case of pernicious fever he had seen. At first I refused to attend the patient again, particularly as I was told by the messenger that the neighbors had requested the priest to see him before he died. However, wishing to derive the experience to be gained, and to observe and study the ultimate end of this very interesting case, I again soon found myself at his "ragside,"—I cannot say bedside. He was in a state of complete and profound malarial coma. The body was stretched out to its fullest extent, and quiet; the eyes opened, and with a fixed stare; the pupils contracted, and the eyeballs turned upward. Called by name and pricked by pins, he failed to make any response. There was loss of sensation to peripheral irritation of all kinds. The face was pale and waxy, like death, except for a few scattered spots of venous congestion principally over the cheeks, which were hollow and drawn in; the nose was pinched and the nostrils contracted, and twitched now and again, as if tickled. The entire body was of the deepest yellow, jaundiced, and stained by bile-pigment. The limbs were heavy, and fell suddenly, if lifted. On the calves of both legs a pustular eruption was observed, the pustules united and broken down from being scratched with the finger-nails, as seen by thin, white streaks of dried epithelium extending in broken and crossed lines up and down the limbs. There was slight

œdema of the right ankle; the left did not seem to be so affected. The mouth, being opened forcibly, showed the interior to be filled with a thick, yellowish secretion; the breath was hot and foul, like the odor of decayed beef. The tongue was swollen, of a thick, purplish color, and the gums and teeth were covered with a coating of thick, yellowish sordes. The throat was inflamed, the right tonsil in particular, which was enlarged, but not apparently ulcerated or containing pus. The glands of the neck on the right side were swollen; those on the left did not seem to be so. The ears were perfectly bloodless, as were the lips, which were also dry and chapped. There had been nausea and excessive vomiting for many days before, but none during my visit; in fact, they had ceased after the coma manifested itself. The matter ejected from the stomach was of a dark, greenish-yellow color, streaked with blood, and contained all that had been eaten, undigested. It decomposed quickly, and the odor was unpleasant and peculiar.

The entire skin was hot and dry to the touch; the superficial veins appeared collapsed and empty, like those of an aged person. At certain intervals large drops of perspiration appeared on the surface,—principally on the neck and chest. The urine, as passed during the night, was very dark, staining the sheet and clothing; when cold it deposited a thick sediment in the chamber. It contained, principally, bile; a small amount of albumen was also found. There had been a loose state of the bowels from the beginning of the fever. Later on this developed into a diarrhœa, which changed into dysentery; some days before I saw him the stools were frequent, accompanied by tenesmus, and contained mucous tinged with blood and bile. They contained, also, undigested food, and had the odor of rotten eggs. Temperature, at my first visit, was not more than 103½° F. (39.7° C.). At my next visit, after a few doses of the quinine mixture, it had fallen to 100½° F. (38° C.). At present it is 106¼° F. (41.2° C.) in the axilla. The pulse was weak, feeble, irregular, very compressible; at one time so quick that it could scarcely be counted, if at all, going above 190, and at other times it would become very slow and not easily compressed, yet always very irregular, the pulsations doubled, like the beats running into each other (dicrotic?), and, therefore, difficult to count, at the time, correctly. The respirations would also change; at certain intervals the inspirations would be quick, short, catching, difficult; and at other moments they would be full, deep-drawn, slow, yet labored and irregular. During the latter moments the patient would raise the right arm and pass the hand directly across the face, bringing the palm of the hand a short distance from the nose, forming a semicircular movement. These unconscious and automatic movements would last for a few minutes and suddenly cease, to be again renewed later. I have seen this before in other cases of the same fever, especially in children. It is usually a bad sign, as it indicates cerebral trouble,—some irritation or inflammation of the bulb in particular. Those near by, who do not know the cause of the movements, think that there is something the matter with the nose,—something irritating that organ. I have seen many an anxious parent patiently wipe and cleanse the interior of the nose, believing that the same was closed with hard and dried mucus,

etc. More so as children with continued malarial fever, at this stage, have as complications bronchitis or "acute suffocative catarrh." Moreover, the cerebral trouble is principally the cause of the slow, labored, peculiar respiration, etc., etc. The temperature, taken at this period, shows it to be higher than ever. I have seen it, in a child not over 4½ months, 105° F., and even higher.

With these symptoms I certainly had no hope of saving the patient. The priest entered at this time to confess the man, the neighbors having sent for him, but failed to make him understand his mission. He found me forcing very hot coffee down his throat, which he swallowed with very great difficulty. It was only by patience and care that I succeeded in causing him to retain about 2½ ounces of this strong infusion. Next I applied fly-blisters to the nape of the neck and behind the ears. To make a quick impression a few drops of croton-oil was smeared over the surface. Mustard was applied to the calves, a large, hot spice-bag over the abdomen, and some ointment of the iodide of mercury over the spleen, which was much enlarged. The liver was also inflamed, and was the seat of severe pains for days. Ice was applied to the head, but principally over the space behind the left ear, over the temporal bone, and along the border of the occipital on to the neck. The entire body was sponged every few minutes with the following mixture: ice, salt, vinegar, lime-juice, a little water, and bay-rum. This peculiar mixture seems uncalled for; but I have used it before, again and again, with undoubted success and benefit, for reducing the heat of the body. It is a pleasant, refreshing, invigorating, soothing antipyretic and antiseptic, relieving headaches, etc., promptly. It was given to me by an old West Indian *nana*, or nurse, who served in tropical hospitals, etc., for over eighty years, where cases of pernicious and yellow fevers are treated by government medical officers year after year.

Milk, fresh and peptonized; steamed chicken, free of fats; and small doses of champagne, were forced into him, by feeding with tube and spoon, until he appeared stronger. It must be remembered that the man had taken no food or nourishment of any kind for days. He was very debilitated when seen. He had not been able to retain anything that was given him. The following was administered hypodermatically: 20 grains of the bisulphate of quinine with ⅛ grain of morphine, repeated every hour until the temperature was reduced to 104° F. (40° C.). This reduction took place in three hours after three doses hypodermatically, or 60 grains of quinine, etc., had been received. Quinine was also spread (perhaps 40 grains or so) over the blistered surfaces, which were kept irritated by the application of a solution of boric acid in vaselin. The bisulphate of quinine used here was in tablet form, 5 grains each. It is very soluble, and does not produce much irritation of the skin. About this time he began to move his limbs slightly, and tried once to turn over on his side. The peculiar movements of the arm and hand over the face and nose were performed at longer intervals. I also observed that, as the intervals increased, the movement in itself became less perfect; that is, the arm would not make that perfect semicircle, covering and passing the half of the face, etc.

The eyes were not as fixed as before, or the pupils so contracted. The pulse and respiration still continued very unfavorable, yet the latter seemed to be less labored. He could swallow fluids with less trouble; it was not ejected through the nostrils, as before. Being yet unconscious, I gave him 15 grains of quinine, with 1½ grains of musk, in a little coffee every hour. After the fourth dose the temperature fell to 102° F. (38.9° C.). Now he began to mumble and jumble words in Turkish. He moved his head a little. The quinine was reduced to 10 grains every two hours, with 1 grain of musk. Iced milk alone for nourishment, with champagne. He began to vomit at this time, and the same continued for about one and one-half hours. It was apparently controlled by stopping the milk and giving champagne and crushed ice freely. The vomited matter was not as bilious as during the night, neither did it contain blood, and the food was better digested. A short time after the vomiting attacks he seemed to feel much better; the pulse became stronger and the respirations easier. Suspecting, however, that much of the quinine had been returned by the vomiting, I gave him 20 grains more, with ¼ grain of morphine. About fifteen minutes later I was pleased to observe that he began to perspire a little. The entire surface of the body felt moist and cooler. To aid this 30 grains of antipyrin were given him in a cup of hot tea. The temperature still remained as high, 103° F. (39.4° C.). The bowels were also much better, moving but three or four times after taking the quinine and morphine, etc. The odor was not as unpleasant, neither were the stools so thin and bloody. It was not advisable to check the diarrhœa completely, at once. At first, when I began to treat fevers, I always tried to check the bowels immediately, if the stools contained blood, etc. Experience has taught me differently. In cases of "pernicious fevers," as in many others, no doubt, nature herself will know when to shut up the excretions, more so if one treats the cause of the trouble, and does not altogether forget the symptoms. About one and one-half hours after the antipyrin had been taken the temperature fell to 102¼° F. (39° C.), and with this reduction the patient's condition was better in every respect. The movements of the arm and hand over the face, etc., had now entirely disappeared, and the body was less heavy and relaxed. With all these symptoms for the better, the man still continued to be in a state of coma, only not so profound as in the morning, when first seen. It was now about 7 o'clock in the evening, and, feeling very tired from my prolonged visit, as also from being compelled to supervise the administration of everything prescribed for him, I decided to leave him for the present, agreeing to return after I had washed myself. I ordered wine to be administered every hour—5 grains of quinine with 5 grains of sulphonal in a little champagne—until he regained consciousness and was able to recognize his friends, or until he showed signs of sleeping. In either case, the medicine should be stopped instantly. If he appeared to be getting worse and the fever returned, I should be sent for at once. Before going, I requested that a nurse be sent for to see that my orders were strictly followed and to administer to his wants, etc. I very quickly brought his companions to terms, also, to do just as I ordered, by informing

them that if the man died the expenses of his funeral and burial would cost much more than the expenses to be incurred by paying for doctor, nurse, and medicine. This is no exaggeration, since, not being paupers, the authorities would insist on their paying for an express car to the burial ground at "Monkey Hill," some distance from the city.

Leaving this peculiar family and the patient in better hands, I returned to my home, feeling pretty well fatigued, and was very glad, in many respects, that I was not required to visit him again during the night. I, however, saw the patient early the next morning, and found him very much better. He was perfectly conscious, and free of fever. The temperature was found to be not more than 99° F. (37.2° C.). The nurse informed me that shortly after I had left, and after the second dose of the medicine had been given him, he appeared to be sleeping; so she did not give him any more of it. About four hours after I had left she felt certain that he was sleeping, because his respiration became quiet and regular, and his entire body was covered with perspiration; he also snored now and again. At about 12 o'clock during the night she took him some nourishment, because he called to one of his companions, in a very weak voice, and appeared to be perfectly conscious. She prevented him from trying to speak, and requested him to try and sleep again. He drank the nourishment, and remained perfectly quiet until about 2 o'clock in the morning, when he again fell asleep, and remained sleeping until about 6 o'clock the next morning, when he complained that he was feeling very bad and weak. He was given milk and champagne, and felt stronger after. The patient, although better, yet was extremely debilitated; so much so that he could scarcely say a word, or lift his head from the bed. Without care, and nourishment at proper intervals, and appropriate medicines, in the shape of tonics, etc., the patient would have died, as thousands do at this stage of the disease, from heart-failure.

It requires, perhaps, more skill and experience to attend to the patient at this time than it does to cure the fever, etc. The following was administered hypodermatically: $\frac{1}{4}$ grain morphine with $\frac{1}{60}$ grain atropine. The patient in a few minutes became stronger, so that he could talk a little, expressing how he felt, etc. In the way of nourishment, milk, steamed chicken, maltone, eggs, and arrowroot were given, at regular hours and in small quantities, for the first week following; also champagne, beef, iron, and wine, cocoanut-milk, old rum, and milk. In the second week the appetite returned with a vengeance, so to speak; so that care had to be taken that he did not eat too much and again get ill. This is always the case after fevers; the patient, after recovery, feels hungry all the time. No food seems to be enough to satisfy the appetite. When able to walk about the room more solid food was given, but plainly cooked, free of fats and oils. The patient's mind was a perfect blank during the entire time he was in coma. When digestion was about normal he was given large doses of iron and small doses of quinine, and the bowels kept regular by doses of "Hunyadi Janos" water. In about three weeks and a half after his illness he felt perfectly well, and was totally recovered of his serious and prolonged

fever. His color was decidedly better than it ever was, and he had nearly recovered his usual weight. When he was convalescent the other three companions contracted the fever, one after another, all being sick at one time. With the experience they had gained, they did not refuse to take quinine in proper doses, also to obey orders given them. As such, the fever in none of the cases became "remittent," although the surroundings were of the worst. Their strength was sustained by proper food and drink, and by these means the fever was not permitted to take hold of them. I advised them to leave Colon as quickly as their circumstances, etc., would permit. This advice they also promptly followed. They took the steamer to Jamaica, and from there returned to Turkey, taking with them, no doubt, very much less capital in the shape of gold coin than they expected when leaving Venezuela, since their stay here in Colon cost them collectively a good round sum of money, the sole cause of this being their refusal from the start to take a few doses of the only specific yet discovered for malarial fevers, which is the "sulphate of quinine"; and also to live on ordinary nutritious food; pure, clean drinking-water; and at times moderate quantity of stimulants, like "old rum," brandy, etc., if specially demanded by existing circumstances. Those who arrive in Colon to-day and die of fever must, in the majority of cases, be set down as persons who, for some reason or cause, can not or will not follow and obey some few and simple rules and regulations.

Clinical Notes.

By Robert Coltman, Jr., M.D.,
PEKING, CHINA.

Macroglossus.—Fahmy, of Peking, China, had one case of this affection. Tongue protruded at birth, and at 7 years of age protruded some three inches beyond the lips; was swollen, hard, and dry. Tongue was split back to the inside of the lips by an incision carried backward through the centre vertically, and the écraseur was then applied to each half in turn, and the whole anterior or protruding portion removed. Hæmorrhage was slight and recovery prompt.

Case II. Curtis and myself operated on a similar case, also congenital; child, 3 years of age; parents both healthy. Made an incision through the centre of tongue with a tenotome just inside the lips and introduced the wire of écraseur on a grooved director; then cut off each half at a time. Hæmorrhage slight and recovery prompt. Tongue retracted beyond margin of teeth in ten days, and the little patient was discharged well and happy. Speech and appearance were much improved.

Tin-Plate Treatment of Ulcers.—I have treated four cases of chronic ulceration on the side of the legs by this method. Cases had all resisted other plans of treatment for several months. Washed the ulcers with a 1-to-1000 solution of bichloride, dried the cavity with antiseptic cotton, and then

filled it with boracic acid, and covered it with a piece of patent lint one-half inch wider than the margins of the ulcer; then fitted a piece of ordinary tin can upon the lint and bound the limb tightly with roller bandages. Improvement was immediate; dressings removed each third day, and, after washing out ulcer with hot boracic solution, they were re-applied. About three weeks sufficed for a cure.

Carbuncle.—Eight cases treated. Six with X-incision carried deeply through the diseased tissue and pure carbolic acid applied on mop first; then pure ichthyol was painted on with a camel's hair brush daily. All cases recovered, but with considerable sloughing. Two cases scraped out thoroughly with a spoon-shaped curette and, after washing thoroughly with a 1-to-2000 solution of bichloride, were packed with powdered boracic acid. No sloughing followed, and cases promptly recovered. I regard this treatment as superior to the other.

Leprosy.—Treated five cases with pulv. chrysarobinum and ointments of ichthyol and pyrogallic acid for several months without any improvement. Leprosy, which is very common in central China, is almost unknown here in Peking. I believe syphilis is certainly a predisposing cause of the disease.

Cholera, which played such havoc in Europe the past summer and autumn, was less than usually virulent in China. It is an annual plague here, but some years is comparatively light. No quarantine rules exist here, and when the disease is prevalent it spreads rapidly along all the lines of travel. The sea-board always suffers more than the interior.

Fistula in Ano.—Fistula in ano is very prevalent in this city, due, I believe, to the particular kind of rice upon which the natives largely subsist, and which they prefer underdone. I have operated on five cases the past month, all of whom have been living almost exclusively upon this hard, partly-cooked rice. Only one tuberculous case; after operation, the wound and several sinuses remained indolent for two weeks, manifesting no tendency to heal. Upon applying an ointment of gtt. xx of ol. terebinthinæ to vaselin ℥j, twice daily, and the internal administration of comp. syrup of the hypophosphites, the patient commenced to improve; he will soon be well.

Stricture of Œsophagus.—Several years ago I reported a number of cases of this affection treated by me with potassium iodide, and, whether syphilitic or not, all were benefited. Pritchard, of this city, has had success with the same treatment, and also Hunter. We agree upon the treatment of passing bougies, where possible, once a day, and administering 30 grains of iodide—by mouth if possible, by rectum if not—during twenty-four hours.

By Ernest F. Neve, M.D., F.R.C.S. Ed.,

KASHMIR, INDIA.

Hygroma.—A remarkable case of hygroma of the back of the head was excised by A. Neve, in a young man. Tumor, apparently congenital, hung from post-parietal region, with a broad base, size of orange. In operating, it was found to have the usual characters of an hygroma, and to have a

pedicle passing through an aperture at the apex of the occipital bone into the skull. The hæmorrhage was considerable, but the case made a good recovery.

Gumma of Dura Mater.—A case of gumma of the dura mater, which communicated by two perforations of the anterior superior portion of the left parietal bone with a discharging sinus, was treated by trephining and by paring away the new growth. Temporary relief was given to the fits and paralytic symptoms, but a relapse followed a few weeks later; a second trephining resulted in hernia cerebri and in death.

A case of gumma of the sternum and mediastinum was operated upon and cleaned out. The large cavity left appeared to rest upon the pericardium and great vessels.

Epithelioma.—Methyl-blue was used successfully in a case of recurrent epithelioma of the abdomen. The tumor had apparently invaded the whole thickness of the parieties. It was removed, leaving wide roots and one sinus connected with another portion. The skin-flaps united, and, under the injection of 15 minims weekly of saturated solution of methyl-blue, the sinus healed and the hardness gradually disappeared. The patient (nine months later) remains well. In two other cases of advanced glandular epithelioma, the disease resisted this treatment.

The authors excised a small lupus exedens of six months' standing. It was on the left cheek. Primary union was obtained, and no recurrence has taken place up to date (five months later).

Cholera.—MITRA (*Medical Annual*, 1893) reports on cholera in Kashmir. Your reporter agrees with him, that the evidence of its introduction through human intercourse into Kashmir is beyond dispute. The march of cholera in the higher parts of the Himalayas entirely depends on the amount of human traffic. Quarantine is useless, and posts of observation at different stages are the only practicable method of preventing its spread. In this way the disease was kept from traversing the passes to Gilget, to which place the epidemic of 1888 spread.

Mitra writes: "We rely on the principle of stopping the dejections in the early stages of the disease." I know of a large number of cases in which, under our treatment, purging and vomiting were stopped and the patient apparently recovered, but which were afterward brought back to a fatal state of collapse by the administration of purgatives of an irritating nature. Your reporter also observed the failure of eliminative treatment in the hands of native physicians (hakims). Venesection was much resorted to, and, while temporarily relieving the oppression of breath in an early stage of collapse, was uniformly fatal. The mortality of the epidemic, as shown by Mitra, was 11,712 deaths out of a total of 16,845 persons attacked, —a mortality of 70 per cent. In cases of all degrees treated early by the reporter, the mortality did not exceed 40 per cent. The drugs relied on were morphia in hypodermatic injections (full doses), lead-and-opium pills, or chlorodyne. In the later stages saline trans-venous injections were tried. Salol did not give good results in my hands, nor in the cases so treated by Mitra.

Selections from Reports of Members of the Annual's Editorial Staff.

Denmark.

DR. F. LEVISON,

REFERENT FOR DEN DANSK LITTERATUR VEDRORENDE: ALMINDELIG MEDICINSK PATHOLOGI OG THERAPI, DERI INDBEFATTET, NERVE- OG SINDSSYGDOMME, PÆDIATRIK, OBSTETRIK, GYNÆKOLOGI, HYGIENE, DEMOGRAPHI, RETSMEDICIN, PATHOLOGISK, ANATOMI, BAKTERIOLOGI.

Alle medicinske Bøger, Disputatser, Monographier, Tidsskrifter, etc., der adkomme i Danmark bedes sendt til

DR. LEVISON,
Norrevoldgade, 13,
Köbenhavn.

Death by Drinking Varnish.—GRAUER reports the case of a drunkard who, not being able to procure brandy, drank a large quantity of an alcoholic solution of lac used as varnish. He was killed by the formation in the stomach of a large deposit of lac.—*Ugeskrift for Läger*, 1892, vol. ii, p. 359.

The Influenza in Denmark.—CARLSEN reports that in the last epidemic of influenza in Denmark 120,000 cases were registered (80,000 in the first). The epidemic commenced simultaneously in many places, in the month of November, 1891, and culminated in December. The general mortality, especially among the more aged, was greatly increased during the epidemic. The disease was this time characterized by catarrhal symptoms of the trachea and lungs, but without the nervous symptoms observed during the first epidemic of 1890.—*Kjobenhavensk Medicineske Selskabs Förhandlinger*, 1891–1892, p. 91.

Apostoli's Treatment of Fibromyoma Uteri.—KAARSBERG has treated twenty cases of fibromyoma uteri after the method of Apostoli. Ten cases of small intra-mural myoma were cured. In two cases the treatment was interrupted on account of parametritis. One patient died six months after the treatment. At the autopsy it was found that the tumor contained many small cystic cavities filled with a serous fluid. On microscopical examination the cysts were found to be portions of myomatous tissue altered by a very extensive molecular necrobiosis. In three cases of large tumors the symptoms were considerably improved.—*Ugeskrift for Läger*, 1892, vol. ii, p. 145.

KJORGAARD reports that, in the clinique of Professor Howitz, twenty-two patients have been treated after the method of Apostoli. In intramural fibromyoma the results were good. In nine cases the hæmorrhage ceased; menstruation became regular. A prognosis can ordinarily be made after 10 *séances*. (In submucous fibromyoma there was no improvement.) In seven cases the tumor was evidently diminished in size by the treatment. Of bad effects must be noted one case each of periuterine hæmatocele, formation of thrombus and consecutive embolic pneumonia. Of the twenty-two patients, fifteen were improved; two were partially improved by treatment; in two cases there was no effect at all; in two the treatment caused quite dangerous complications.—*Gynækologiske og obstetriciske Meddelelser*, Bd. viii, p. 1.

Behavior of Giant-Cells.—FABER has studied the behavior of giant-cells in the following manner: A 2-per-cent. decoction of agar was injected into the subcutaneous tissue of rabbits, and immediately afterward solidified by the application of an ether spray. The agar can then remain quietly in the tissue for months, without causing inflammation. When the rabbits were killed, some months after the injection, the lump of agar was found

FIG. 1.—GIANT-CELL, containing a lump of agar. Some prolongations of the protoplasma have penetrated into or through it; the light parts are agar, the dark the protoplasma, but in reality the contrast was not as great as in the cut. Magnified 235 diameters.

(*Hospitals-Tidende.*)

surrounded by a thin layer of connective tissue containing, amongst other cells, numerous giant-cells with many nuclei (10–20–50). The giant-cells, which seem to have been formed of the epithelial cells, by division of the nucleus, penetrate successively in the agar, and in their protoplasma there is constantly found one or more lumps of agar, which they are digesting, by secondary prolongations into it, and thus dividing it into small portions, which successively are further divided, and at last disappear. The author presents some cuts illustrating the action of the giant-cells. From his own observations and from those of other authors, Faber draws the conclusion

FIG. 2.—SMALLER GIANT-CELL. The agar is already divided into some pieces, and in the greater of these the protoplasma is sending prolongations. Magnified 520 diameters.

FIG. 3.—SMALLER GIANT-CELL, with four nuclei, containing a greater and two smaller particles of agar. Magnified 700 diameters.

(*Hospitals-Tidende.*)

that, while the ordinary phagocytes are sufficiently strong to fight small and not especially dangerous enemies, the more resistant and more dangerous intruders, as the tubercle bacilli, are met by the giant-cells.—*Hospitals-Tidende*, 1892, p. 949.

Treatment of Alcoholism.—BRANDES reports that Americans have introduced the cure of Dr. Monroe for alcoholism into Denmark. Some habitual

alcoholics were selected and treated in a hospital ward, under the supervision of Professor Brandes. All of the patients had frequent vomiting during the treatment; they seemed to abhor alcohol in every form, and to be cured of their fatal habit. (Later experience has shown that they have almost all relapsed.).—*Ugeskrift for Läger*, 1892, vol. i, p. 565.

Congestion of the Bowels in Influenza.—GEILL reports that the epidemic of influenza in the asylum for insane of Áarhus, during 1891–92, was characterized by a constant hyperæmia of the bowels, sometimes accompanied by bloody stools.—*Hospitals-Tidende*, 1892, p. 565.

Abscesses Following Typhoid Fever.—M. MELCHIOR gives the history of a boy 11 years old, who, after typhoid fever, was attacked by a peculiar form of abscesses. They began to develop during the first week of convalescence and healed after three months. Six months later new abscesses appeared on the left calf and the anterior face of the right tibia. They developed very slowly, without pain or symptoms of inflammation, healed very slowly, and showed a tendency to reopen; they contained a thin, reddish pus without special odor. From the pus Melchior cultivated short bacilli with rounded ends, resembling the bacilli of Eberth. The author has made a long series of experiments in order to ascertain whether they really were the bacilli of Eberth or a species of bacilli resembling these; as, for instance, the bacterium coli communis. By cultivating bacterium coli communis in milk the milk becomes solidified; when the bacterium coli communis is cultivated in bouillon containing 2 per cent. of milk-sugar and some chalk, lactic acid is produced and, by its action, carbonic acid is liberated. The experiments showed that the bacilli found in the abscesses neither solidified milk nor changed milk-sugar into lactic acid. By cultivating these bacilli on agar colored by means of litmus, the colonies were not surrounded by a red halo, as occurs with the bacterium coli communis. In short, they gave all the reactions of the true bacilli of Eberth, and the author therefore believes that the bacilli of Eberth may remain for a long time in the body after typhoid fever and provoke inflammations of a specific kind.—*Hospitals-Tidende*, 1892, p. 1021.

Milk and Tuberculosis.—H. FRIIS has made a series of experiments with the milk sold in the milk-shops of Copenhagen, in order to ascertain (1) if milk can be infectious, so that rabbits inoculated with it can be infected with tuberculosis; (2) if it be possible, by testing the milk from the farm in this manner, to trace the presence of one or more tuberculous cows in the herd. With 46 samples of milk from 44 different farms, the author inoculated 84 rabbits and 4 guinea-pigs. The milk was purchased at the different shops by a policeman, and each rabbit had 5 to 10 cubic centimetres introduced into its peritoneal cavity. Strict antisepsis was observed in the experiments. A large number of the animals quickly died of septic peritonitis,—a result not to be wondered at, considering the lack of cleanliness attending the care of the milk from the stable of the farmer to the shop of the milkman. Thus 18 samples of milk and as many farms were eliminated from the test. Twenty-eight samples provoked no immediate disease, but when

the inoculated rabbits were killed, forty-four to forty-six days later, 4 of them had evident tuberculosis. In 2 cases the changes were but slight, although manifest; in 2 there was wide-spread miliary tuberculosis. It was found that the less infectious milk had been supplied by farms where only 1 cow of a herd of 18 to 20 was suffering from lung disease, while all the other cows were healthy. The 2 highly infectious samples came from farms where cows suffering from tuberculosis of the udder were found. From these experiments the author draws these conclusions: 1. The milk sold in milk-shops is occasionally infectious. 2. When milk from a tuberculous cow is mixed with a much larger portion of healthy milk, all the milk is made dangerous. 3. By testing the milk in the above-mentioned manner, it is possible to find out the farms where tuberculous cows provide milk for sale.—*Maanedskrift for Dyrläger*, vol. iv, No. 3.

Infective Nephritis from Otitis Media.—RASCH observed a child, 7 months old, who, after a slight attack of angina, became feverish, vomited, had strabismus convergens oculi sinistri, and collapsed. In the urine were found pus-cells and masses of micrococci, but no casts. A week later blood was found in the urine, and a petechial eruption appeared on the trunk, arms, legs, conjunctiva, and palate. A month after the commencement of the disease there was a purulent discharge from the right ear. Death occurred in a few days. At the autopsy the kidneys were found swollen, with dark-red spots in the *portio corticalis;* the red spots were of the size of a pea, partly softened, and contained whitish points; in the points were found diplococci, strings of streptococci, and masses of cocci conforming to the description which Faulhaber has given of the pneumococci Fraenkel, in the kidneys. They colored after the method of Gram, developed on agar, but not on gelatin. Nothing abnormal was found in the *cavum cranii*, in the organs of the thorax, or in the abdomen. The ear was not minutely examined. The author believes that the ear was the focus from which the kidneys received the infection, and points to the necessity of always examining the ears of small children when the origin of an infection cannot be found in another part of the body.—*Hospitals-Tidende*, 1892, p. 541.

A Case of Prolapse of the Placenta.—ZUGERSLEV reports a case of prolapsus placentæ. After violent bodily exertion, a woman felt a sharp pain in the abdomen, and shortly afterward labor-pains commenced. As a smart hæmorrhage ensued, the vagina was plugged with tampons. After a short time the tampons were expelled, together with the placenta,—the fœtal face of it turned downward,—followed by the membranes; then came the child, which was, of course, dead.—*Hospitals-Tidende*, 1892, p. 849.

Spinal Lesions in Sulphonal Poisoning.—HELWEG has examined the spinal cord of a female patient who died by sulphonal poisoning, caused by taking a daily dose of 1 gramme for some months. The cells of the anterior, as well as those of the posterior, horn were degenerated and their number diminished, as if by myelitis acuta. The pathological process was most strongly marked in the anterior horn, in Clark's columns, and in the intermedial lateral tracts; it was more evident in the inferior portion of the cord,

but it could be traced upward to the first cervical nerve. The destruction of the nerve-cells was confirmed by finding rudiments of degenerated cells, as well as by counting the remaining intact cells.—*Hospitals-Tidende*, 1892, p. 972.

France.

DR. P. BUDIN,
RÉDACTEUR DU DÉPARTEMENT DE L'OBSTÉTRIQUE ET DES MALADIES PUERPÉRALES.

Tous livres, thèses, monographies, etc., sur les sujets ci-dessus, publiés en langue française, doivent être adressés à M. le

DR. P. BUDIN,
129, Boulevard St. Germain,
Paris.

Puerperal Mania in its Relation to Eclampsia and Infectious Troubles Following Confinement.—LALLIER begins by taking up the history of the question, and confines himself to those authors who have found in these two conditions eclampsia or infection on the one hand, and psychoses on the other,—a true relation of cause and effect. He then establishes the relation existing between puerperal mania and eclampsia. The psychoses resulting from eclampsia develop rapidly and are relatively frequent. The proof of the relation of puerperal mania and infection is established by numerous observations. The differentiation of this class of mental affections from the acute delirium of puerperal infection is very difficult in certain cases. The puerperal processes which favor the development of mania are endometritis and phlebitis. That form of psychosis following upon puerperal infection or eclampsia has been thoroughly studied; it is, according to the author, the form which German alienists have called acute hallucinatory mental confusion; an affection which, according to Hansen, presents a certain analogy with delirium tremens. Lallier then studies the pathogenic character of eclampsia and of infection in regard to the genesis of puerperal psychoses; he considers that the affection should most probably be attributed to the toxæmia resulting in eclampsia from organic, destructive assimilation products, and in infection from the absorption of soluble microbic poisons. He remarks upon the prophylaxis and therapeutics of puerperal mania and the work. In the case of women predisposed to mental troubles, great precaution should be exercised to prevent eclampsia or infection. When mania is present, we must ascertain the cause in order to determine upon the treatment. When the mania is consecutive to eclampsia, which may be readily known, a milk diet should be prescribed. It is frequently very difficult to discover the origin of the trouble when it is due to infection; frequently fever is the only symptom which would point to its existence; in this case we must act promptly upon the uterus. This interesting work is based upon fifty-three cases, and is followed by a very complete bibliography.—*Thesis*, Paris, 1892.

Symphyseotomy in Labor Complicated by Intra-Pelvic Tumor.—LEPAGE, of Paris, has performed a successful symphyseotomy on a secundipara. The progress of the labor was impeded by the presence of an intra-pelvic tumor adjacent to the uterus. Her first labor had lasted forty-eight hours, and was terminated by the forceps, a living child being born, weighing 2840 grammes (6¼ pounds).—*Le Progrès Médical*, April 15, 1893.

Germany.

PROF. H. OBERSTEINER,
REDACTEUR DER ABTHEILUNG FÜR RUCKENMARKSKRANKHEITEN.

Alle Bücher, Thesen, Separatabdrücke, etc., über den obenerwähnten Gegenstand in deutscher Sprache erscheinend, sollen Herrn

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zugesandt werden.

The Condition of the Spinal Ganglia in Tabes Dorsalis.—R. WOLLENBERG states that it is still a mooted question whether the seat of the primary changes in tabes dorsalis is in the spinal cord or outside of it. It is true that changes in the peripheral nerves and spinal ganglia have been frequently described, without its being possible, however, to determine their true pathogenic importance. In fourteen cases of tabes, Wollenberg has made minute examinations with regard to this point, with the following results: In the spinal ganglia, in all the cases examined, not only the nerve-fibres and the interstitial connective tissue, but also the ganglion-cells themselves were found to have undergone pathological changes. The excess of pigment and the shriveled condition of the cells can, of course, not be considered as a sure indication of disease; but this is not the case with the opacity of the protoplasm, which is always present, and with the agglutination of the cells, which may, undoubtedly, be regarded as typical of a pathological process. Although it is thus proven that in tabes the spinal ganglia present pathological changes in all their elementary parts, yet these changes of the ganglion-cells may be regarded as insignificant in comparison to those occurring in the nerve-fibres and in the interstitial connective tissue.

We cannot, therefore, assume that tabes originates in the spinal ganglia, nor that the latter are the primary seat of the trouble; it is most probable that the changes occurring in the ganglionic cells of the spinal ganglia are only of a secondary nature, and are induced by a perineuritis developing in the region of the spinal-cord process and gradually involving the nerve-elements (first the nerve-fibres, then the ganglionic cells), and inducing atrophy.—*Habilitationschrift der Univ. Halle*, Berlin, 1892, and *Archiv für Psychiatrie*, vol. xxiv.

Mexico.

DR. F. SEMELEDER,
REDACTOR-CORRESPONDIENTE POR LA LITERATURA MEXICÁNA.

Todos los periódicos médicos, libros, tesis, monografías, etc., publicados in Mexico deben ser enviádos al Señor

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Ciudad de México.

Endocymian Monstrosities.—J. M. RODRIGUEZ reports that, in July, 1891, several newspapers of the city of Mexico published, under the head of "A Man-mother," a wonderful story, accompanied by wood-cuts, of a young man from whose body a great surgeon had extracted a "perfectly-developed fœtus." One of these wood-cuts represented a tumor at the back of a man, opened and containing within a crying baby. Before studying and describing the case, the author reviews similar cases of endocymian monstrosities that came under his observation in Mexico.

Years ago one Dr. Barragan called on the author and Dr. Capetillo to assist him in extirpating a tumor of the sacro-

perineal and left gluteal region of a newborn child. The tumor carried the anus forward to the centre of a curved furrow. The tumor contained a dermocymian monster. The extirpation was almost immediately followed by the death of the autosite. The tumor contained, in various apparently independent compartments, fat, hair, remains of small bones, and cholesterin (see Fig. 1).

In September, 1879, Juan B. Calderon was called to the lying-in hospital to assist in a case of dystocia. The head of the fœtus was out, as well as the uppermost part of the body, as far as the deltoid region. The fœtus looked toward the mother's left thigh and was dead. The midwife had made unsuccessful

FIG. 1.

FIG. 2.

ENDOCYMIAN MONSTROSITY.
(*Gaceta médica de México.*)

tractions; the mother, in the greatest of despair, asked that an operation be performed. Calderon found the abdomen quite high, and full in its lower part, more to the right, suggesting a transverse position. A large, hard, egg-shaped body was felt, lying crossways; the ends rounded, the right one larger than the left; both larger than the ends of a ripe fœtus. It was impossible to distinguish by tact the forms of the fœtal parts. Nothing was revealed by auscultation. The left hand, introduced along the back of the fœtus, came in contact with a tumor in the lumbar region, which was

connected, to a great extent, with the fœtal body, and was hard, with two projecting soft parts. Calderon punctured the softer parts by means of a long knife, under antiseptic precautions. About five ounces of a clear, yellow liquid escaped. Then, by external manipulations, he practiced version, and, after some troublesome work, he was able to insert his fingers in the armpits. Aided by strong labor-pains of the mother, he succeeded in extracting the fœtus together with its tumor, and, somewhat later, the afterbirth. The death of the fœtus was probably due to compression of the umbilical cord by the body of the fœtus and the tumor. It was a well-developed male fœtus, 45 centimetres (17¾ inches) long, abundantly covered with hair and smegma. Its anus was in the proper place, and its whole body, except for the tumor, was normal. The mother made a good recovery. The tumor was situated in the sacro-gluteal region of the fœtus, without any abrupt line of demarkation. The tumor was divided into several compartments, containing either a viscous, slimy liquid or fatty matter, cholesterin, a few hairs, and undeterminable bony fragments (see Fig. 2).

On the 25th of May, 1891, Canuto Rosas, a young Indian, 22 years old, laborer, entered the hospital of San Andres. He said he was born with a tumor on his left buttock; this tumor, originally of the size of a pigeon's egg, had grown with him, and only disturbed him on account of its size and frequent ulcerations, caused by friction. Several times fistulæ had existed, from which a kind of cheesy, sebaceous matter and hairs discharged. He was strong and healthy, and wanted to be relieved of this tumor.

The tumor occupied the sacro-coccygeal region, invading the left buttock; it was of the size of an adult's head, without a pedicle. Its circumference at the base was 53 centimetres (20 inches); its vertical diameter 17 centimetres (6¾ inches), and its transverse was 13 centimetres (5 inches). The surface of the tumor was smooth, and toward the gluteal region there were various scars of former ulcerations. At the inner aspect were two ulcers, one 5 centimetres (2 inches) and the other 3 centimetres (1⅛ inches) wide, and the opening of a deep fistulæ. The skin over the tumor was darker than elsewhere, and the subcutaneous veins were remarkably developed. The tumor was fixed and immovable; in its upper part, near the sacro-iliac joint and toward the spinal column, in the depth of the tumor, a movable body was felt, consisting of various pieces, taken by some for a small foot, by others for a rudimentary sacrum and coccyx. The tumor was not of equal consistency throughout. The internal anal sphincter was somewhat relaxed; no ampulla rectalis could be distinguished. The legs and feet were normal and well developed. Diagnosis: Dermoid cyst or endocymian monstrosity. Lavista decided to remove the whole tumor, or, at least, as much of it as possible.

The first operation was performed on July 8th. Two semilunar incisions were made in a transverse direction, meeting at upper and lower end. A layer of tissue 5 centimetres (2 inches) thick, was divided and the separated portion removed. It contained an epidermic skin, a quantity of hair up to 6 centimetres (2⅓ inches) long, and a quantity of fetid, fatty

matter. When the cavity had been cleansed a cylindrical body was discovered near the upper angle of the wound, with a hairy skin, looking like the shoulder of a sixth month fœtus, and underneath, toward the inner side, a syndactylic foot made its appearance, 7 centimetres (2¾ inches) long, hanging on a pedicle formed of skin and bone 2 centimetres (¾ inch) long and 15 millimetres (⅜ inch) thick, representing the corresponding leg. On this rudimentary foot was one big toe; the other four toes had grown together, forming one lump, without any trace of nails. Higher up, separated from that foot by a furrow, another tegumentary appendage was found, which, though not of any discernible form, by its shape, disposition, and location might have been taken for the other foot of the monster. It measured 25 millimetres (1 inch). The examiner's hand found everywhere round these parasitical formations a sinuous cavity, covered with skin and hair. At the lower part a tegumentous band was found, 15 centimetres (6 inches) long and ½ centimetre (⅕ inch) wide. It had attracted the attention of the by-standers.

This dermoid cyst was very vascular. Severe hæmorrhage had taken place and it seemed necessary to suspend the operation, which had lasted nearly two hours. Hypodermatics of brandy were administered. The cavity was carefully washed, packed with iodoform gauze, covered with absorbent cotton, and bandaged. Between this and the second operation (July 29th) a phlegmon of the right arm developed (attributed to the hypodermatics); sphacelus appeared in several places, and suppuration was abundant. On the left forearm an abscess formed, and another larger one at the upper and outer side of left thigh, which were relieved by two incisions. The wound rapidly filled up with healthy granulations. Diarrhœa persisted from the time of the first operation (9th of July).

July 29th, second operation. The principal parts of the parasite were removed by Pajot's embryotome; then the remaining parts of the parasite were removed, among them the skin and cellular tissue that covered the inside of the cavity. During the operation several smaller cysts containing a kind of thin starch-paste were opened. Not much blood was lost. The wound was washed and dressed. The boy died on the following day.

Autopsy.—The tumor was located between the sacrum and rectum. The inner sinuous surface was covered with epidermis; the underlying cellular tissue was full of fat and cysts with a viscous mucus. The tumor was larger outside, adhering to the left sciatic spinous process and to the sacro-sciatic ligaments, pushing those of the same side outward. The different pelvic organs retained their natural relations. The internal iliac arteries sent no direct branches to the tumor, the blood-supply of which came from the sacra lateralis, media, and the glutea. The nerves occupied their normal site and relations. The study of the perineal region was imperfect, on account of advanced decomposition; the rectum followed its natural course, but there were no flexuosities discernible, and the ampulla could not be made out.

The skeleton offered interesting conditions. The spinous processes of the lumbar portion of the spinal column and the sacrum formed a right

angle. The sacro-lumbar articulation consisted in a wedge-shaped disc, the thicker part of which (3 centimetres—1⅛ inches) looked forward. The sacrum and coccyx were slightly pushed backward and upward, and formed an almost horizontal shovel. Measures of pelvis: height of pubis, 4.5 centimetres (1¾ inches); height of sacrum, 11.5 centimetres (4½ inches); antero-posterior diameter, 12.0 centimetres (4¾ inches); width at its bases, 11.1 centimetres (4⅓ inches); transverse, 11.5 centimetres (4½ inches); oblique, 11.0 centimetres (4⅓ inches); exit of pelvis (antero-posterior diameter), 17 centimetres (6¾ inches); transverse, 11.0 centimetres (4⅓ inches). The left sciatic spine was covered with a cartilaginous layer, and measured at its base 3.0 centimetres (1⅛ inches) in diameter.

The portions of the parasite extracted during the second operation were: skin, cellular and fatty tissue, bones, and a lot of small cysts, some containing a clear, viscous, and others a milky liquid. The skin covering the parasite, as well as that lining the cavity, was composed of all the normal elements of skin. There was a great quantity of hair and down; the fatty substance filling the cavity contained sebaceous matter, keratin, and hair; there were several bones; the largest seemed to correspond to the pelvis and the two femur bones of the parasite, but no form was recognizable. Independent of this and higher up there was another large one, shapeless, somewhat like a collar-bone. The bones of the legs and syndactylic foot were not prepared, as the curious specimen was preserved entire. The tibia and fibula seemed to form a single bone. The cephalic extremity of the parasite was represented by the tegumentous portion on the left sciatic spine, for from it started an entangled skein of hair, and it was the part most distant from the syndactylic foot. No sign of maxillæ, teeth, skull-bones, or vertebræ were discovered; no evidences of brains, spinal marrow, sensory organs, or nerves (see Fig. 3).—*Gaceta médica de México*, vol. xxviii, p. 135 *et seq.*

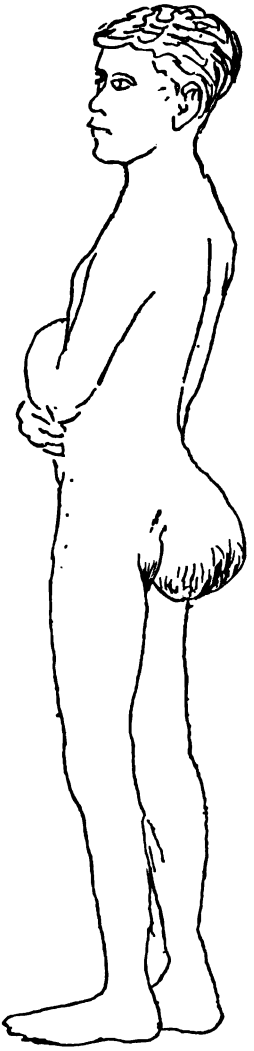


FIG. 3.—ENDOCYMIAN MONSTROSITY. (*Gaceta médico de México.*)

Catheterization of the Eustachian Tube.—LOEWEMBERG, of Paris, describes a new method of catheterizing the Eustachian tube. The principal difficulties during the first stage of the operation are the horizontal deviations of the septum. During the second stage, when the point of the instrument leaves the nasal cavity, it is difficult to tell when we are in front of the pharyngeal orifice of the Eustachian tube. When Loewemberg thinks his

catheter has arrived at the end of the post-nasal cavity, he orders the patient to execute a movement of swallowing. If the instrument has not yet passed the nasal cavity, the hand holding the instrument feels no shock; but if the instrument has passed into the pharyngeal cavity, the soft palate, when contracting, pushes it sometimes into the tube, or, at least, displaces it, which movement is seen and felt by the hand. The right distance once found, it will be useful to mark it on the instrument.—*Gaceta médica de México*, vol. xxviii, p. 176.

A Case of Cysticercus in the Vitreous, and one of Sympathetic Optic Atrophy.—F. LOPEZ reports a new case of cysticercus in the corpus vitreum and a case of sympathetic atrophy of the optic nerve. Three years before, a particle of iron had penetrated the eyeball of a young man and become fixed between the papilla and the macula lutea. It was well tolerated. After a few days of pain had passed the man returned to work. Five months later the good eye suddenly began to suffer with pain, photophobia, photopsia, etc. Very soon he was unable to distinguish light and darkness with his right eye, which had not suffered injury, and the left, wounded eye was used for walking and working. There was complete atrophy of the right papilla. The wounded eye continued in a useful condition, with only occasional congestion and slight pain. A cataract was forming, and the lens had a slight yellowish coloration due to oxide of iron derived from the foreign body.—*Gaceta médica de México*, vol. xxviii, p. 180.

Gunshot Wound of the Arm.—T. NUNEZ refers a case of a man who received a full load of one hundred small shot in his arm, entering by one single opening a little above the elbow-joint, following the outer side of the biceps muscle upward, and stopping at the furrow in front of the large vessels and nerves. A phlegmon of the arm developed and was cured. Erysipelas set in, but the man recovered. Over eighty shot were gradually discharged. No important vessel or nerve had been hurt.—*Gaceta médica de México*, vol. xxviii, p. 195.

A Case of Traumatic Tetanus.—M. GOMEZ reports a rare case of traumatic tetanus. A woman, aged 36 years, had been injured in the right heel by a piece of glass, six months before. The glass was at once extracted, though without being absolutely certain that no particle had remained in the wound. The woman felt no inconvenience. A fortnight after, the wound was not healed, but discharged very little pus. She felt a sudden and severe pain in the dorsal region of the spine; the pain extended, the abdomen grew tense, fever and diaphoresis developed. The pain gradually invaded the whole trunk. Urine was discharged involuntarily. The movements of the body were lethargic. The temperature was 38.6° C. (101½° F.), the pulse was frequent, and spastic shocks appeared every five minutes. Chloroform was administered, the scar was excised, and the cautery was applied to the wound and along the spinal column. As the spasms did not cease, chloroform was continued. The temperature rose to 40° C. (104° F.). Antipyrin and chloral were then given. As the bowels had been confined, blue mass was given for five days; afterward iodide of potassium for one month. Recovery partial.—*Gaceta médica de México*, vol. xxviii, p. 393.

Congenital Subluxation of Both Crystalline Lenses.—F. LOPEZ reports a case of congenital subluxation of both crystalline lenses.—*Gaceta médica de México*, vol. xxviii, p. 398.

Poisonous Invertebrate Animals of Mexico.—J. SANCHEZ reports on the poisonous invertebrate animals of Mexico. *Coleoptera*: Cantharids, various classes. The collectors who catch them with their hands sometimes suffer such intense inflammation that their finger-nails come off. *Bees* (*Apis mellifica*): The European bees (not poisonous bees, *Melipona* and *Trigona*) are also found in the country. *Ants:* The poisonous one is the *Formica rubra*. *Arachnids: Vinagrillo*, *Thelyphonus giganteus*, which smells like acetic acid, hence the name. Held to be very poisonous, but erroneously. The Mexican tarantula, *Metriopelma*, in a case observed by Alfred Dugés, of Guanajuato. The bite of a tarantula, in a little girl of 5 or 6 years, caused an enormous swelling, in the centre of which the skin was normal and showed the marks of the two hooks of the spider. Another *Arachnid*, the scorpion, exists in the country in various species, and is widely spread over the country. The scorpions of the State of Morelos have been studied by Amador Espinosa. The sting of the scorpion produces a feeling like that of a needle running through the skin. Immediately numbness and formication follow, extending rapidly to the head, limbs, and sometimes invading the whole body; itching in the nose and sneezing, difficulty of swallowing, trismus, numbness of tongue, difficulty in speaking, dyspnœa, accelerated breathing, spasm of glottis, cough, ptyalism, the saliva has sometimes a bad odor, meteorism, vomiting rarely, bloody stools, scanty urine. Some patients feel as if their eyes and face were swollen, and suffer from sleeplessness and photophobia. To some patients every object appears as though veiled. Intelligence remains unimpaired. At the locality of the sting only a little speck or papule is noticeable. The patients complain of feeling cold. Espinosa was not able to prove whether fever was present or not, as he had no thermometer. Dugés observed two very serious cases, which, however, terminated favorably, in which there was high fever. These symptoms generally last two hours, but sometimes as long as eight days. The lesion is often fatal to children, especially if they be small. The oldest child Espinosa saw die was 11 years old. Some persons seem never to be affected by the sting of a scorpion. The species of scorpion has a great influence on its effects. Those of the hot lands are infinitely more dangerous. No specific is known for the bite. Scarification and immediate sucking seem rational, and ligature when the wound is on a limb. Jaborandi is recommended as well as diaphoretics, hot baths, hot drinks, alcoholics. Some people think that the poisonous principle of the scorpion's venom is hydrocyanic acid.

The town of Durango is highly infested by scorpions, but only on one side, as the town is divided in two parts by a river. For many years the city authorities have paid six cents for every dozen of scorpions delivered to them. Boys catch and sell them. They use long sticks with a burning coal at the end. The heat and smoke make the scorpions leave their nests; then they dexterously catch them and pinch off the stings, and collect them

in bottles. Thousands of thousands are killed every year. Some people are said to eat these scorpions, when deprived of their venom. The scorpion of Durango is of a small kind, yellow, and very poisonous.—*Gaceta médica de México*, vol. xxviii, p. 400.

Anomaly of the Subclavian Artery.—F. DE P. CHACON reports an anomaly of the subclavian artery, in a woman of 38 years. She had a traumatic aneurism of the left axillary artery, the size of the head of a newborn child. The subclavian artery was ligated. The subclavian was not found between the scaleni, and was looked for higher up. Before proceeding to look for it between scalenus and trapezius, the by-standers were allowed to examine the wound with their fingers, during which examination the subclavian vein was injured and a profuse hæmorrhage ensued. Two hæmostatic forceps were applied and the bleeding stopped. The patient was in an alarming condition and the ligation was postponed. On the second day, when the operation was to be resumed, the woman had high fever and pneumonia of the *right* lung, of which she died three days after. The artery was found *to take* origin at the *arcus aortæ*, and run along the body of the posterior scalenus, taking an upward, backward, and outward direction, passing under the trapezius muscle and crossing under the clavicle at its outward third.—*Gaceta médica de México*, vol. xxviii, p. 442.

Underground Water and Typhus Fever.—LUIS E. RUIZ and FERN. ZABRAGA have written a thesis on underground water and typhus, which received the prize of the National Academy of Medicine of Mexico. The conclusion they arrive at is as follows: From November 18, 1890, to September 14, 1891, there was a correspondence between the oscillations of the amount of underground water and the frequency of typhus fever. When the ground water got lower the number of typhus-fever cases increased, and *vice versâ*. —*Gaceta médica de México*, vol. xxix, p. 49.

Russia.

DR. J. DRZEWIECKI,

РЕДАКТОР-КОРРЕСПОНДЕНТ изъ области русской литературы, касающейся: Общей медицины и терапіи, педіатріи, акушерства, гинекологіи, ларингологіи, отологіи, гигіены, демографіи, судебной медицины, гистологіи, бактериологіи, анатоміи и физіологіи.

Всѣ періодическія, медицинскія изданія, сочиненія, стат'и, монографіи и т д., изданныя на русскомъ языкѣ и касающіяся вышепоименованныхъ предметовъ должны быт' адресованы на имя

ДРА ДРЖЕВЕЦКАГО.

87 Краковское Предмѣст'е, Варшава.

Experimental Pancreatic Diabetes.—T. O. SHABADA conducted a series of experiments on this subject, and came to the following conclusions: 1. Entire extirpation of the pancreas, in all cases, without exception, occasions a distinct and constant glycosuria and other symptoms of diabetes (emaciation, increase of the quantity of sugar in the blood, polyuria, thirst, etc.). 2. It is necessary to leave one-twelfth of the pancreas, in order not to produce glycosuria. 3. In partial resection of the gland, symptoms appear which remind us of diabetes insipidus and have no bad effects. 4. When both pancreatic ducts are ligated, a distinct disturbance in intestinal digestion appears, especially a disturbance in the assimilation of fats. 5. Dogs with diabetes, from whom the pancreas were extir-

pated, bear suppuration and local peritonitis much worse than those subjected to partial resection. 6. Glycosuria in operated dogs undoubtedly depends on the removal of the pancreas, the normal secretion of which destroys the sugar collecting in the blood. Therefore, *pancreatic diabetes has its cause not in the overformation of sugar, but in its insufficient destruction.* While in dogs with diabetes occasioned by phloridzin the quantity of sugar in the blood remains the same after the ligation of both ureters, in animals completely deprived of the pancreas, under the same conditions, it increases. 7. The kidneys play no rôle in the development of glycosuria. —*Vratch*, Nos. 47, 48, and 49, 1892.

Method of Coloring the Spirochæte of Typhus Recurrens.—BAJENOFF describes the method of coloring the spirochæte of Obermeier employed by him since 1887. This is aniline dye (magdahlia dahlia), which, in strongly-diluted alcoholic solutions, colors spirochæte more distinctly than other violet dyes, and is easily washed off with water. In well-made specimens the strength of coloring of spirochæte is almost equal to the coloring of the nuclei of white corpuscles; the spirochætes themselves appear a little thicker, but keep their spiral form completely. For coloring, the author takes 30 cubic centimetres of distilled water, and adds to it 1 drop of a saturated solution of magdahlia dahlia in absolute alcohol. Into this solution the specimen is placed; after warming this solution to the appearance of vapors, it is laid aside for five minutes, and afterward carefully washed with distilled water, dried in the air, and examined in a solution of Canada balsam and xylol. The specimens, however, are better obtained if they are allowed to remain in the above solution without warming for two or three hours. Besides the staining, in order to make good specimens from the blood, the method of preparing them is also of great importance. The cover-glasses should be quite clean; they should be put into sulphuric or hydrochloric acid, then washed with water, and afterward with a mixture of ammonia and absolute alcohol, or with a mixture of alcohol and ether, and at last dried at a temperature of 120° C. (248° F.) or over the flame of a spirit-lamp. By this method of staining preparations, the spirochætes are so distinctly visible that it is impossible not to remark them in the blood, even if they are in very small quantity.—*Botkin's Hospital Gazette*, October, 13, 1892; from *Vratch*, No. 46, 1892.

The Influence of Meteorological Conditions on the Development of Croupous Pneumonia.—P. KOLSKI, after working on this subject more than three years, came to the following conclusions:—

1. Up to the present time the parasitic theory does not explain the distribution of the disease in certain months, seasons, and years.

2. The conditions of the weather in the etiology of croupous pneumonia play, if not the principal, as it was supposed formerly, yet, however, an important rôle.

3. In order to deservedly appreciate the influence of the weather on the development of croupous pneumonia, besides abundant clinical material, a long space of time with variations of weather is necessary.

[illegible]

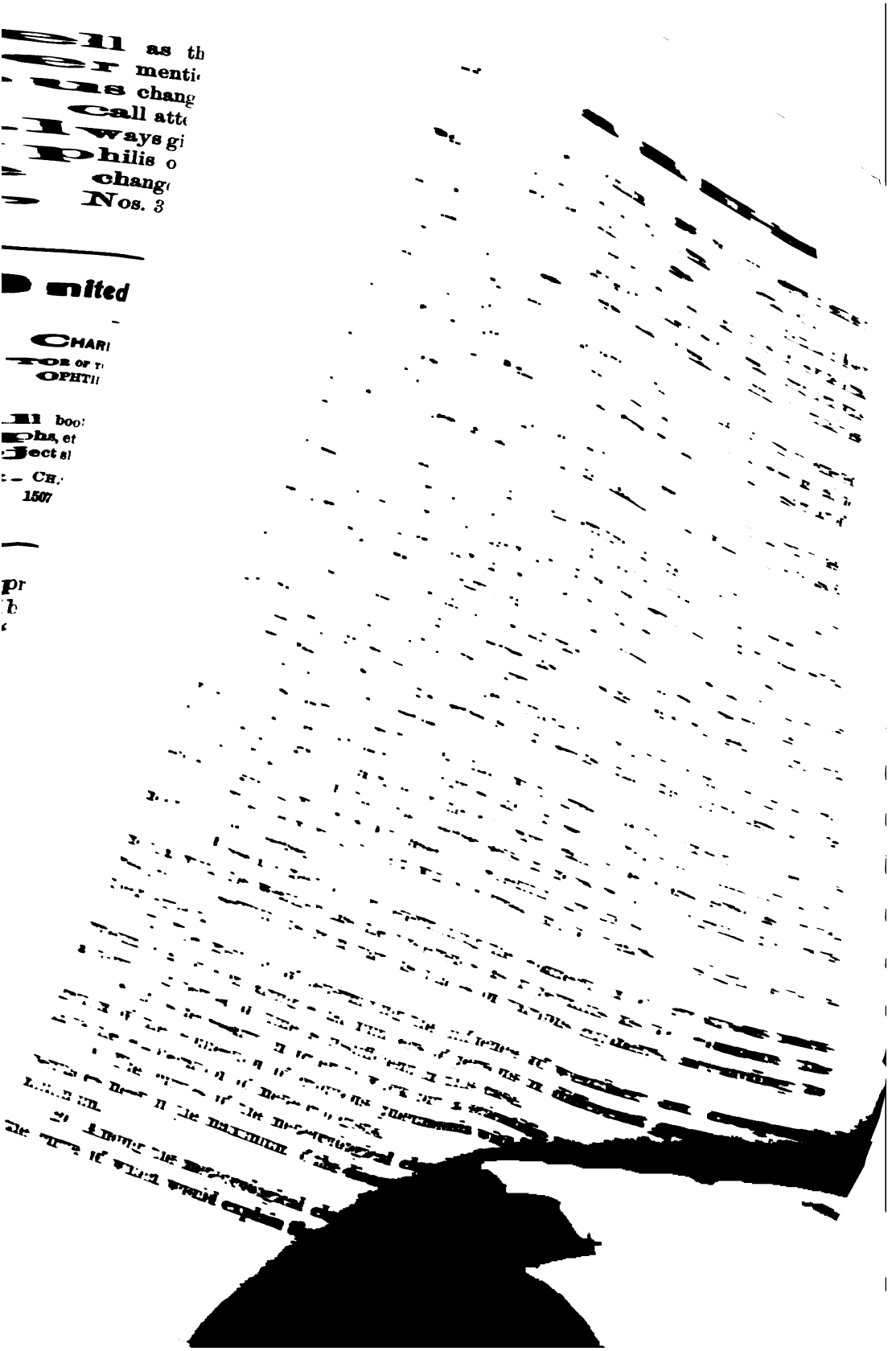
21. The explanation of the previously obscure question of the existence of a period of incubation and its duration in this disease may radically change the aspect of the influence of the weather on this or that point in the disease.—*Inaugural Dissertation*, Moscow, 1892.

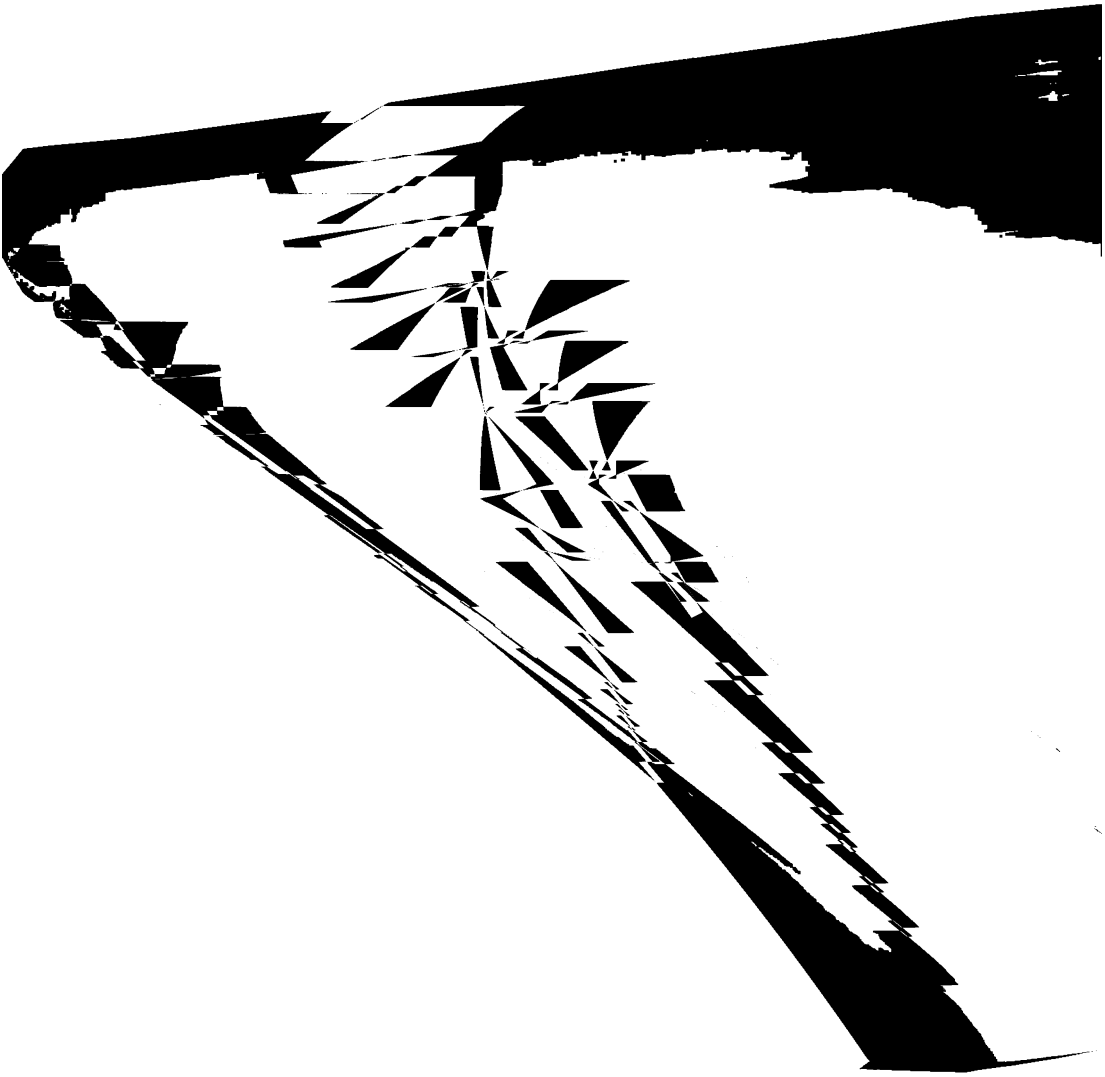
The Action of Chloroform on the Color and Oxidation of the Blood.—BARATYNSKI, summing up his experiments, concludes that the influence of chloroform expresses itself on the representatives of warm-blooded and cold-blooded animals, in connection with the circulating blood in vessels, (1) by change in the color of the blood, (2) by inhibiting the oxidation of the blood, and (3) by displacement of the spectral lines of absorption on the left. On comparing these points, it must be supposed that chloroform, in the living, circulating blood in the organism, forms with hæmoglobin a stronger chemical combination than does oxygen with hæmoglobin.—*Vratch*, Nos. 45 and 46, 1892.

Aqua Picis in Cholera.—POLUBINSKI has observed in choleraic patients real benefit from the use of tar-water, which he gave internally, in small quantities, in form of clysters. It many times arrested violent diarrhœa and vomiting, and improved the *bien-être* of the patients.—"Transactions of the Omsk Medical Society," vol. ix, No. 9; from *Vratch*, No. 50, 1892.

The Role of Flies in the Etiology of Cholera.—J. G. SAVTSCHENKO, having made a series of experiments in this direction, convinced himself that not only the comma bacillus, but also other bacteria, existing in the intestines of choleraic cadavers, are preserved in the intestines of flies even for three days; another sort of bacterium (vibrio Metschnikowi?) existing in the contents of the bowels of choleraic cadavers does not lose its noxiousness when passing through the intestines of the fly. This vibrio, removed from the intestines of flies three days after infection, killed a guinea-pig and a pigeon in the same time (twenty-four hours) as a vibrio received directly from the intestines of a choleraic cadaver, *i.e.*, of the material of which the fly had eaten. If two, three, or even four days after infection of the flies (one experiment) injurious choleraic bacteria are still found in the contents of their intestines, especially if in large numbers, then the question arises whether the bacteria are only transferred in the excrements of flies or whether they can, perhaps, multiply in their intestines. In the last case the flies would not only be simply carriers of the bacteria, but, under favorable conditions of temperature and nourishment, the source from which we on our food could get new generations of comma bacilli. Then a rapid development of the epidemic would be expected in hot, dry weather, and a distinct diminution of cases with the appearance of rain and lower temperature. The author has not been able to solve this question from observation; but the results of his experiments up to the present time entitle him to advance this more or less probable supposition.—*Vratch*, No. 45, 1893.

The Treatment of Diarrhœa by Vaccinium Myrtillus.—D. P. NIKOLSKI made observations as to the value of this remedy upon patients in a private factory hospital, although it has been for a long time well known amongst the Russian and Polish people as a remedy against diarrhœa, and arrived





at the following conclusions: In the treatment of gastro-enteric disorders by vaccinium myrtillus it is best to administer it in decoction, prepared *ex tempore* from the dried berries (¼ to ½ pound of berries to 1 to 2 pounds of water), to be boiled down to two-thirds of the original quantity; then after cooling it is strained. According to the age of the patient and violence of the disease, from two to three glasses are given daily. Decoctum vaccinii myrtilli prepared in cold, and not boiling, water seems to act better. This may be probably explained in this manner: that when the cold water is poured in and boiled gradually, a greater quantity of the active substances is extracted from the berries. In all cases of catarrh of intestines (more frequently acute) observed by the author, this decoction gave positive results and the diarrhœa after two, three, or latest five days was entirely arrested; stools became infrequent and thicker; tenesmus, pain, and flatulency soon disappeared; the tongue became clean, appetite better, and the patients felt all right. Hence, this remedy appears to be an excellent means against diarrhœa; the more so, it can be said, that when the author treated diarrhœa by bismuth, naphthalin, salicylate of soda, codeine, castor-oil emulsion, etc., it was not only not arrested, but lasted longer. The active substances in these berries are principally tannic acid and pigment. Other authors have ascribed some influence to the quinine, acid, resin, and other substances which are present in vaccinium, but up to this day these are only suppositions; there are no positive facts as yet, and it would therefore be desirable to examine these berries chemically and pharmacologically. Perhaps vaccinium may deserve a prominent place among pharmacological remedies.—*Vratch*, No. 49, 1892.

Sozoiodolate and Salicylate of Mercury in the Treatment of Syphilis.—P. I. FROLOFF, relying upon his experiments, asserts that injections of sozoiodolate of mercury possess no particular advantages over others, even the salicylate of mercury, not only as regards the treatment of various forms of syphilis, but also the frequency and degree of the unpleasant complications. Pain at the seat of the injections often lasts longer and is more severe than after the use of salicylate of mercury. Very often a relapse was observed two or three weeks after the disappearance of the symptoms of the disease. This preparation may be given to syphilitics in late gummata and ulcerous syphilides, and should always be tried. However, its enthusiastic recommendation by Schwimmer is hardly founded upon sufficient clinical evidence.—*Vratch*, Nos. 43, 44, 45, and 47, 1892.

HINTS TO PREVENT THE SPREAD OF CONSUMPTION.

WM. R. HUGGARD, of Davos Platz, Switzerland, sends the following: All cases of tubercular disease of the lungs ("consumption") take origin directly or indirectly from other cases. This is now an established fact. Infection, is easily provided against if certain simple precautions are taken.
ief modes of infection are:—
inhaling dried and pulverized expectoration.

This is apt to occur when an ordinary pocket-handkerchief is used by a tubercular person for expectoration. When such a handkerchief is opened, the dried expectoration is likely to be pulverized and diffused through the air. Thus it may be inhaled by others, as well as by the patient himself, who is likely to suffer from drawing disease-germs into portions of lung previously unaffected.

Another source of pulverized expectoration is the habit of spitting on the ground. The expectoration becomes mixed with dust, and then is easily carried into the air. This habit, therefore, is not merely offensive, but dangerous.

2. *By using spoons, cups, and other articles of the kind which have not been properly washed after having been used by tubercular persons.*

3. *By kissing.*

This source of infection is especially to be guarded against in the case of children.

Self-infection may occur, in addition to the ways mentioned, *by swallowing the expectoration.* This habit is likely to lead sooner or later to infection of the intestines with tubercular disease.

Knowing the channels of infection, we can easily take effective precautions.

The sputum must be destroyed, and must not be allowed to become dry.

A spitting-cup or flask containing just enough disinfectant solution to cover the bottom of the vessel should always be used for the expectoration. Out-of-doors a pocket spitting-flask, such as Dettweiler's, should be employed.

Pieces of linen or calico about ten inches square may also be carried. These should be used only in case of absolute necessity, and should be burnt as soon as possible afterward. No piece should be used more than once.

Bedrooms that have been occupied by tubercular patients *should be thoroughly disinfected* before they are occupied by other persons, and a declaration or assurance on the point should always be demanded.

If the previous occupant of the room never allowed the furniture, hangings, or carpets of the room to be contaminated with the sputum, there would be little need for this precaution. But as people, ordinarily of cleanly personal habits, sometimes show a surprising amount of ignorance or carelessness in this respect, the following points should be insisted on :—

1. Carpets, curtains, and bed-coverings should have been exposed to superheated steam under high pressure.

2. The floor and walls of the room should have been properly disinfected. (Rubbing with new bread followed by the application of corrosive-sublimate solution is probably the most effective practical method.)

There is *no danger of infection from the breath of a tubercular patient.* The sole danger of social intercourse arises from neglect of the precautions described.

Fresh air is of the highest importance for tubercular persons. Hot and stuffy rooms have an evil influence over the disease. Except in special circumstances, the bedroom window should be kept open by night as well as by day.

Recent Suggestions in Therapeutics.

Asthma.
℞ *Tinct. opii camph., spts. ætheris co., tinct. cardamomi co.*, ℥ij p. æq. M. Sig.: 15 drops every 15 minutes until relieved. Or, apply hot *turpentine* stupes over the chest and throat. Or, use a drop or two of *Fowler's solution* on a cigarette, light, and inhale the smoke. (Orrin H. Rosser, *Times and Register*, April 22, 1893.)

Cholera Asiatica.
℞ *Tinct. opii camph.*, 6 pts.; *vini ipecac.*, 4 pts.; *tinct. valerianæ æth.*, 12 pts.; *ol. menth. pip.*, 1 pt. M. ft. "Russian cholera drops." Sig.: 15–25 drops in *peppermint-tea* every half-hour. (Zalosiegki, *Therapeutic Gazette*, March 15, 1893.)

Diabetes Mellitus.
Benzosol (*benzyl-guaiacol*) in daily dose of 1–3 grms. (gr. xv–xlv). (Piatkowsky, London *Lancet*, March 11, 1893.)

Dysentery.
Tinct. opii camph., ʒj every 3 hours; *tinct. ferri chlor.*, gtt. x in water, 4 t. d., food not to be given immediately before or after the iron. (John Gillespie, *University Med. Mag.*, April, 1893.)—Half a tumblerful of a 2-per-cent. solution of *lactic acid*, twice daily. (N. V. Loikin, *American Therapist*, April, 1893.)

Dyspepsia.
℞ *Bismuth subnitratis, magnesii sulphatis, cretæ præparatæ, sodii phosphatis*, ℥ ʒiij (12 grms.). M. In pulv. no. xl div. Sig.: One after each meal when belching and flatulence are present. (Dujardin-Beaumetz, *Therapeutic Gazette*, March 15, 1893.)

Elephantiasis Arabum.
Daily injections of *pilocarpine*, 0.01–0.02 grm. (gr. 1-6 to 1-3). (Poulet, *New York Therapeutic Review*, April, May, June, 1893.)

Encephalitis, Acute.
Apply 6 leeches behind the right ear and give: ℞ *Hydrarg. chloridi mitis*, 1 grm. (gr. xv); *aloes*, 0.30 grm. (gr. iv ss); *sacch. albi*, q. s. M. ft. pulv. no. iij. Sig.: One every 2 hours. (Crocq, *Therapeutic Gazette*, March 15, 1893.)

Epistaxis
From Rupture of Nasal Varices. Cauterize the vessels with the galvano-cautery knife. (R. Beausoleil, *Rev. de Laryngologie, d'Otologie, et de Rhinologie*, April 15, 1893.)

Hæmorrhoids.
℞ *Potassii iodidi*, gr. xxx–lxxv (2–5 grms.); *iodi*, gr. v (0.33 grm.); *glycerini*, ʒx (40 grms.). M. Sig.: Take hot sitz-bath daily, and apply to hæmorrhoids every 3 or 4 hrs. tampons of absorbent cotton wet with this glycerole. (Preismann, *Therapeutic Gazette*, March 15, 1893.)

Hernia.
Radical Cure. The sac being opened and the stump reduced, fix with catgut sutures a plate of decalcified bone between the stump and the abdominal wall, the dimensions of the plate being proportional to that of the orifice to be obturated. The plate becomes absorbed and is replaced by a resisting and hard cicatricial tissue. In 21 cases, no relapse noted. (Thiriar, London *Lancet*, April 15, 1893.)

Herpes.
Nasal. ℞ *Picis liq., acidi salicylici*, ℥ss 6 pts.; *vaselini*, 150 pts. M. Sig.: Apply every evening to the nostrils. (R. Beausoleil, *Rev. du Laryngologie, d'Otologie, et de Rhinologie*, April 15, 1893.)

Insanity.
Duboisine, gr. 1-120 to 1-80 (0.0005 to 0.0008 grm.), injected subcutaneously in cases with great motor agitation, if restlessness be not simply a consequence of hallucinations and delusion. (Mendel, *American Therapist*, April, 1893.)

Insomnia.
Chloralamid, gr. xv–xxx (1.00–2.00 grms.), in powder (tasteless), or in alcoholic or aqueous solution. In acute infectious fevers of childhood: ℞ *Chloralamid*, gr. iv (0.25 grm.); *liq. ammon. acet.*, f℥ss (2.00 grms.); *syr. acaciæ, aquæ*, ℥ss q. s. ad f℥ij. M. Sig.: For a child 3 years old, every 4 hours. (Herman D. Marcus, *American Therapist*, April, 1893.)

Keratitis, Phlyctenular.
If only the phlyctenæ, without much inflammation, use *oint. of amorph., yellow oxide of mercury*, made with *benzoinated lard* (1–120); introduce ointment between lids night and morn. If not effectual, dust *calomel* into the eye and make massage of lid, 2 or 3 times a week. If much conjunctival inflammation, wash out eyes frequently with *sol. acid boric* (1–48), and drop in *sol. zinc sulphate* (1-1000), or of *silver nitrate* (¼ or 1-1000), 2 or 3 times daily. Give internally *pil. calcii sulphidi* (compressed), gr. 1-100 (0.00065 grm.), every 3 hours. Also salt baths twice a week. (P. D. Keyser, *American Therapist*, April, 1893.)

Mania.
Acute Delirium of. *Morphia*, gr. ½–¼ (0.02–0.03 grm.), followed immediately by inhalations of chloroform for a few minutes. Repeat, if necessary. (F. Churton, London *Lancet*, April 15, 1893.)

Mycosis, Naso-Pharyngeal.
℞ *Zinci chloridi, cryst.*, 95 pts.; *aq. destil.*, 50 pts.; *potass. iodidi*, 150 pts.; *iodi*, 7½ pts. M. Sig.: Rub the affected parts with a brush dipped in the solution. (Nabias and Sabrazès, *Rev. de Laryngologie, d'Otologie, et de Rhinologie*, April 15, 1893.)

Neuralgia.
Functional. ℞ *Exalgin*, gr. i–ij (0.065–0.13 grm.); *spts. chloroformi*, ♏x (0.65 grm.); *aquæ*, q. s. ad ℥j (30 grms.). M. Sig.: To be taken at one dose. Repeat every four hours. (Edw. G. Younger, London *Lancet*, April 8, 1893.)
Supra-Orbital. ℞ *Ext. Gelsemii fld.*, gtt. lxiv; *quininæ sulphatis*, ℈ij (2.60 grms.); *aquæ destil.*, f℥vij (250 grms.). M. Sig.: Commence six hours before the neuralgic attack and, shaking the medicine, take daily one tablespoonful every two hours until four doses are taken, each dose being followed by an acid drink, preferably lemonade or solution of citric or tartaric acid, sweetened. (J. F. Griffin, *American Therapist*, April, 1893.)

Odontalgia.
Applications of static electricity (electric breeze) for ten or fifteen minutes at a sitting; repeat if necessary. (G. Gatchkowsky, *Rev. Internat. d'Electrothérapie*, March, 1893.)

Pertussis.
Insufflation of *sodium sozoiodolate*. Blow into each nostril about 3 grains (0.20 grm.) of powdered drug daily. Effect seen in three to six days. (Guttmann, *American Therapist*, April, 1893).—*Bromoform*, gtt. i–ij in a teaspoonful of water three to four times daily. (T. Hewson Bradford, *American Therapist*, April, 1893.)

Rhinitis, Atrophic.
Pulverizations of *sol. argenti nitrat.* (5–25 %), or of *sol. zinci chloridi* (5–10 %), daily or on alternate days, as required. (E. J. Moure, *Rev. de Laryngologie, d'Otologie, et de Rhinologie*, April, 15, 1893.)

Sciatica.
Absolute rest, together with acupuncture, repeated, if necessary, at intervals of a few days. The nerve should be pierced, with a spear-pointed needle 2½ inches long, about five times, over the parts where there is pain on pressure. At the same time any rheumatic or gouty tendency should be treated by suitable remedies. (E. V. Gibson, London *Lancet*, April 15, 1893.)

Tonsillitis, Chronic Follicular.
At intervals of 8 days draw tonsil inward with blunt hook, incise several crypts, and extract contents by pressure. In the interval a gargle of borax for first day and of iodine afterward. (Gampert, *New York Therapeutic Review*, April, May, June, 1893.)

Torticollis.
When severe and protracted, the following operation is advised: 1. Make a small open incision over the sternomastoid, just above the clavicle, and then divide completely the two heads of the muscle and the sheath of fascia surrounding it, together with any contracted bands of fascia which can be felt; the skin wound is then closed with sutures and a compression pad applied. 2. During the narcosis the scoliosis is combated by continuous force applied so as to distend the contracted ligaments on the affected side, the ear of the opposite side being brought down so as to touch the corresponding shoulder. 3. A bandage is now applied in such a manner that the head is held in a position which is the reverse of the primitive scoliosis; this is kept on for 8 or 10 days, by which time the wound will have healed. The bandage is then removed and appropriate exercises commenced. Twelve cases treated, all completely cured. (Lorenz, *British Medical Journal*, April 8, 1893.)

Tuberculosis.
Give the patient daily 250 grms. (℥vij) of *raw meat*, 50 grms. (℥xiiss) *of fat*, 1 grm. (gr. xv) of *bi-malate of lime*, and, according to the case, *benzoic acid* or *pepsin* in small quantity. By this diet *succinic acid* is formed in the system, to the presence of which is ascribed the disappearance of the cough, sweats, and anorexia. (Caravias, *Gazette Médicale de Nantes*, April 9, 1893.)
Night-Sweats. *Acid camphoric* in daily doses of 20 grs. (1.30 grms.) at first; later, in doses of 10 grs. (0.65 grm.) every 2 or 3 days. (Wm. T. Howard, Jr., *Maryland Medical Journal*, February 18, 1893.)

Typhoid Fever.
℞ *Potassii iodidi*, grms. 6-8 (℥iss–ij); *iodi*, 0.50–0.80 grm. (gr. viiss–xij); *aq. destil.*, *aq. menth. pip.*, ℥ss 10 grms. (℥iiss). M. Sig.: 8 to 10 drops, diluted, every hour. (Klietsch, *Le Bulletin Médical*, No. 3, 1893.)

Ulcer of Rectum. ℞ *Glycerosone*, ℥j (30 grms.); water, lukewarm, ℥xij (360 grms.). Mix immediately before using, and administer with a hard rubber syringe once daily; also good in cases of fistula-in-ano. (Cyrus Edson, *Times and Register*, April 22, 1893.)

Reviews.

KLINISCHE DIAGNOSTIK. V. JAKSCH. Third edition.

The only material change in this valuable work that is to be noticed in this section is, that he believes the plasmodium malariæ to be a constant accompaniment of this disease, and of much importance in diagnosis.

UNTERSUCHUNGEN U. MIKROSKOPISCHE SCHAUME U. DAS PROTOPLASMA. BUTSCHLL.

Studies of foam produced with various substances; also, work upon the protoplasm in cells, bacteria, and protozoa.

H. C. ERNST and H. JACKSON.

A TREATISE ON THE THEORY AND PRACTICE OF MEDICINE. By JOHN S. BILLINGS, M.D.; FRANCIS DELAFIELD, M.D.; R. H. FITZ, M.D.; JAMES W. HOLLAND, M.D.; E. G. JANEWAY, M.D.; HENRY M. LYMAN, M.D.; WILLIAM OSLER, M.D.; WILLIAM PEPPER, M.D.; W. GILMAN THOMPSON, M.D.; W. H. WELCH, M.D.; JAMES T. WHITTAKER, M.D.; JAMES C. WILSON, M.D.; and HORATIO C. WOOD, M.D. Edited by WILLIAM PEPPER, M.D., LL.D. In two volumes, of about 1000 pages each. Royal 8vo. Philadelphia: W. B. Saunders, 913 Walnut Street. Sold only by subscription. Price per volume: Cloth, $5; Sheep, $6; Half-Russia, $7.

The first volume of this treatise contains 921 pages, and is illustrated by 58 wood-cuts and 3 full-page colored plates. The volume opens with a very clear and comprehensive article of forty-five pages on the subject of "Hygiene," by John S. Billings. It is strongly and carefully written, and includes the full discussion of disinfection, isolation, immunity, water-supply, sewage-disposal, ventilation, sanitary jurisprudence, and other principles of preventive medicine. The next section is on "Fevers and Diseases of the Pharynx, Œsophagus, Stomach, and Intestines," by William Pepper. The sub-sections on symptomatology, diagnosis (including the typical temperature curve of each disease), and treatment are here, as elsewhere throughout the work, especially full, and many formulæ are admitted, which add to the working-value of the book. The "Eruptive Fevers, Surgical Diseases, and Surgical Mycoses" are ably treated by James T. Whittaker. The latest points in the treatment of hydrophobia, tetanus, anthrax, etc., including the injection of the antitoxins, are carefully presented, with full instructions for the preparation and conservation of the injection-fluids, and the technique of their administration. In this section, as in the others, the bacteriology of each disease is treated of at length, and the results of recent laboratory experiments noted. "Acute Miliary Tuberculosis, Scrofula, Syphilis, Cholera, and Yellow Fever" are treated by W. Gilman Thompson. The article on cholera claims especial attention on account of its present interest, and for the author's simple, concise, and fair discussion of the subject in its many bearings. "General Nervous Symptomatology, Mental Diseases, Functional Neuroses, and Syphilis of the Nervous System, Spinal Cord, and its Membranes" are presented by Horatio C. Wood in his usual able manner; in this section is included the subject of insanity in its different phases. The volume closes with chapters on "Diseases of the Nerves," "Diseases of the Muscles," and "Vasomotor and Trophic Disorders," by William Osler.

This volume, as a whole, is worthy of the highest commendation, showing a wise selection of authors who, by their deep, thorough, and earnest research, and their logical, practical, and conscientious treatment of the subjects included between

its covers, have given to the profession a work of which the editor and authors may feel justly proud, and which must, through inherent merit, find an easily accessible place on the library-shelves of all progressive physicians and students.

C. S. WITHERSTINE.

Monographs Received.

The editor acknowledges with thanks the receipt of the following monographs:

Transactions of the Medical Society of the State of North Carolina; Thirty-ninth Annual Session, May 17-19, 1892.——Transactions of the American Ophthalmological Society; Twenty-eighth Annual Meeting, July 20, 21, 1892.——Clinical Reports on Insanity, by the Medical Staff of the Maryland Hospital for the Insane: The Relation of Pelvic Disease and Psychical Disturbances in Women, by *George H. Rohé*, Catonsville, Md.; A Case of Trephining for Insanity, by *J. Percy Wade*, Catonsville, Md.; A Case Showing the Relation of Kidney Disease to Insanity, by *Milton D. Norris*, Catonsville, Md.; Acute Delirious Mania, Probably Depending upon Septic Absorption, by *Fred. Carruthers*, Catonsville, Md.; Results Obtained with Sulfonal and Hyoscine in the Treatment of the Insane, with Report of Cases, by *John H. Scully*, Catonsville, Md.——Piperazin in the Treatment of Stone in the Kidney; Report of Cases, by *David D. Stewart*, Philadelphia, Pa.——The Mechanical Treatment of Inguinal Hernia, by *W. B. de Garmo*, New York City.——Strangulated Hernia, by *W. B. de Garmo*, New York City.——Some Physiological Experiments with Magnets at the Edison Laboratory, by *Frederick Peterson*, New York City, and *A. E. Kennelly*, Orange, N. J.——The Use of the Curette in Uterine Surgery, by *A. Vander Veer*, Albany, N. Y.——General Report of an Examination of Four Hundred and Fifteen Young Deaf-Mutes in Regard to the Nasal Chambers, Ears, and Organs of Phonation, by *Arthur Ames Bliss*, Philadelphia, Pa.——Hysteromyomectomy for Large Myomata of the Uterus, by *Hunter Robb*, Baltimore, Md.——Conclusions Regarding the Use of Drainage-Tubes and Ligatures, and the Possibilities of Skin Disinfection, based upon Bacteriological Investigations, by *Hunter Robb*, Baltimore, Md.——The Prevention of Hernia after Incision of the Abdominal Walls, by *George M. Edebohls*, New York City.——The First International Congress of Gynæcology and Obstetrics; Delegate's Report to the New York Obstetrical Society, by *George M. Edebohls*, New York City.——In the Matter of Surgical Operation Performed at the State Hospital for the Insane, for the Southeastern District of Pennsylvania.——An Outline of the Technique of Abdominal and Pelvic Operations as Performed in the Medico-Chirurgical Hospital of Philadelphia, by *William Easterly Ashton*, Philadelphia, Pa.——Cases of Symmetrically-placed Opacities of the Cornæ, Occurring in Mother and Son, by *Charles A. Oliver*, Philadelphia, Pa.——A Case of Suppurating Ethmoiditis, by *Joseph H. Bryan*, Washington, D. C.——The Third Year's Work at the Clinic for Diseases of the Rectum in the New York Post-Graduate Hospital, by *Charles B. Kelsey*, New York City.——Méthode Hypodermique, Formulaire, Aide-Mémoire du Médecin Practicien, by *J. Mounier*, Sceaux (Seine).——The Relation of Rheumatism and Chorea, by *Floyd M. Crandall*, New York City.——Hydrotherapy in the Treatment of Nervous Diseases, by *Frederick Peterson*, New York City.——A Topical Treatment of Bronchitis, by *Edwin J. Kuh*, Chicago, Ill.——Prospectus of a Complete Guide to the Cairo Egyptological Exhibit at the World's Fair, Chicago, 1893, *Albert Hohl*, Cairo, Egypt.——Methods of Precision in the Investigation of Disorders of Digestion, by *J. H. Kellogg*, Battle Creek, Mich.——A Case of Eczema with Urticaria as a Complication, by *J. Abbott Cantrell*, Philadelphia, Pa.——Psoriasis and Syphilis, by *J. Abbott Cantrell*, Philadelphia, Pa.——Irritation from the Local Use of Iodoform, by *J. Abbott Cantrell*, Philadelphia, Pa.——Unusual Mode of Transmission in a Case of Dermatitis Venenata, by *J. Abbott Cantrell*, Philadelphia, Pa.——Colles's Fracture, Illustrated by Photographs of Splints Used in Treatment, and by Photographs of Cases; also exhibited a New Mechanical Combination Splint for the Treatment of Other Fractures of the Upper Extremity, Illustrated by Photographs, by *E. H. Woolsey*, Oakland, Cal.——Is Kyphosis Correctible? by *Wallace Blanchard*, Chicago Ill.——Surgical Dressings, Aseptic and Antiseptic, by *Seward W. Williams*, East Orange, N. J.

THE

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Original Communications.

EXANTHEMATOUS TYPHUS IN THE PRISONS OF THE DEPARTMENT OF THE SEINE.

By Dr. P. de Pietra Santa,

PARIS.

(Corresponding Editor.)

The following study of the epidemic of exanthematous typhus which is now in existence in Paris was prepared with considerable care. Based on absolutely impartial lines, and bereft of all feelings but those of sincere concern for the general welfare, it represents a true and faithful picture of the actual state of things, and assertions which may be depended upon to alleviate all fear as regards transportation of the infectious affection in question to the shores of America. Under all circumstances an open, exact representation of the state of things is desirable, in my opinion. In making known the initial manifestations of a contagious affection,—autochthonous or exotic,—we warn medical practitioners of the locality, and thereby enable them to curtail the diffusion of the affection, while we place them in an advantageous position to become familiar with the forms of treatment best calculated to thwart the ravages of the disease.

Modern science having taught us the means of extinguishing foci of infection on the spot, by prompt and judicious isolation on the one hand and disinfection on the other, instead of involving consternation and fear as necessary accompaniments, as thought by some, it inspires courage and the requisite energy to meet, by effective means, the enemy face to face.

Since some weeks public opinion in France, and most particularly medical opinion in general, has been greatly preoccupied concerning the existence in the prisons of the Department of the Seine of a malady of epidemic and contagious nature, in which, successively, symptoms of a malignant form of *la grippe*, of typhoid fever, and even of choleriform diarrhœa and of cholera nostras were recognized. Serious researches instigated by the prefect of police and intrusted to two prominent members of the Academy of Medicine and of the Council of Public Hygiene of the Seine—Drs. Léon Colin and Dujardin Beaumetz—quickly proved that the epidemic in question was one of exanthematous typhus, occurring among prisoners, in camps and in prisons,—a very rare affection, which has not been seen in Paris since 1814, at which epoch it was introduced into the city by the allied armies. These troops had been since two years subject to the camp-typhus, and all the strongholds of the frontier had been ravaged by it; in Paris, however, the malady did not assume the proportions which there was reason to fear it would.*

This circumstance explains why the physicians of the prisons did not immediately recognize the first cases of this affection; it was only after it had assumed the nature of an epidemic that it became possible to establish a precise diagnosis. Before proceeding further with the study of this malady, let us give the rate of mortality existing during the reigning epidemic. That given by Dr. Dujardin-Beaumetz in his communication to the Academy of Medicine comprises the period from the 13th of March to the 10th of April, 1893, and is as follows:—

	Cases.	Deaths.
Almshouse of Nauterre,	26	11
Central Infirmary of the Santé,	15	8
Hôtel-Dieu, of Paris,	18	4
Depot of the Paris Prefecture,	3	2
	62	25

From the 10th of April to the 16th, inclusive, the malady continuing in force, the cases, at the time of the present writing, numbered eighty-four, in which were included all *suspected* cases, with thirty-one deaths. Attention may also be called to the fact that during the decade (1st to 10th of April) the number of cases registered was five times less than during the preceding decade (20th to 30th of March).

Having thus established by exact figures the importance and the limited gravity of the epidemic of exanthematous typhus in the prisons of the Seine, before entering upon a summary exposition of pathological facts, we will give some information concerning the centres in which they were produced:—

1. The *Depot of the Prefecture of Police*, situated in the centre of Paris, just back of the Palace of Justice, is divided into two distinct portions, one of which is modern, constructed upon the plan of a penitentiary, with cells, which is occupied by prisoners coming from other prisons who are to be tried

* During twenty-two years' service as physician to the different prisons of the Department of the Seine I never saw a case of exanthematous typhus.

by the criminal or police courts. The other portion, comprising the old buildings of the *conciergerie* with its halls and its infirmary, receives daily from one hundred and fifty to two hundred persons, of both sexes and of all classes of social standing, arrested on the preceding day for minor crimes and offenses,—stealing, begging, and vagrancy. Men and women are here confined together in common halls during two or three days, until the prosecuting attorneys, magistrates, etc., shall have given their decision; some are then set at liberty, others sent to houses of correction, and the remainder are sent to the almshouse of Nauterre. The five hundred individuals which may be contained in the depot of the prefecture are thus, in a great measure, made up of low, dirty people, many of them in a starved condition, taken up from the public highway, where misery forced them to wander about. During two or three days, as we have said above, these miserable creatures live confined together, having no means of cleanliness at their disposal, clad in their soiled garments, which may contain all manner of morbid germs, which they wore on entering the prison; they depart in the same garb, without having been subjected to any process of disinfection.

2. The *Nauterre Prison*, which has since two years replaced St. Denis Almshouse, is of recent construction, and is conducted under satisfactory conditions as regards cleanliness and hygiene. This new prison is destined to receive (1) the inmates of the St. Denis Almshouse; (2) the prisoners sent from the Prefecture of Police, confined for mild offenses, for a varying period of from one to fifteen or twenty days; (3) the prisoners to be confined in cells (Philadelphia—Cherry Hill—system) both day and night. The various portions of the building may contain an average total population of four thousand individuals.

3. The *Prison of la Santé*, in which are imprisoned those criminals whose term of imprisonment does not exceed one year and one day. This prison comprises two sections, each capable of containing about five hundred prisoners. The first is entirely composed of cells (Philadelphia system), and the second consists of special workshops, in which the prisoners work in common during the day, and of cells, in which they are confined at night. It is at la Santé, which is, without doubt, the model French penitentiary, that the central infirmary of the prisons of the Seine is established, to which are sent the prisoners suffering from grave affections, which cannot be properly treated (medically or surgically) in the infirmaries of the other prisons (Mazas, Sainte Pélagie, etc.).

4. The *Hôtel-Dieu* is a general hospital in connection with the administration of Public Assistance of the Department of the Seine, which, in reality, is destined to receive only regular patients; into it, however, there are admitted, under exceptional circumstances, patients attacked with grave maladies sent from the Depot of the Prefecture of Police, from which it is only separated by a small, open place, upon which is held, three times each week, one of the flower-markets of Paris.

5. The *Prison of Lille* (*Département du Nord*), in which occurred the first cases of typhus. This is an old building, with very poor sanitary conditions; originally constructed to contain one hundred and seventy

persons, it now daily contains five hundred prisoners. Since ten years hygienists have been in vain advising the complete transformation of this prison or its abandonment.

These descriptions, which we may term "topographical," seemed to us indispensable for the full comprehension of the system of the "prefectoral" administration utilized in France.

A certainty having been established by the researches of Messrs. L. Colin and Dujardin-Beaumetz that exanthematous typhus was existing at the Depot, the Prefect of Police, M. Lozé, with a highly commendable energy, ordered the immediate evacuation of the prison and its thorough disinfection. Within twenty-four hours the five hundred prisoners there confined were sent: those in good health to the prison of Nauterre, and the patients, according to the gravity of their ailments, either to the central infirmary of la Santé or to the Hôtel-Dieu. In thus acting, the Prefect of Police directly attacked the first seat of the epidemic; but, on the other hand, he dispersed it to three other points,—Nauterre, la Santé, and the Hôtel-Dieu. Perhaps at this moment it might have been more prudent to send the five hundred prisoners of the Depot to one point, situated outside the walls of Paris, in the open country, either to the reserve barracks for the defense of Paris, at present unoccupied, or to wooden huts or tents. In this single and circumscribed area all the best methods of isolation and disinfection could have easily been practiced.

Let us now proceed to the enumeration of the facts of the case. During the period from the 13th to the 20th of March, the physicians of the Depot of the Prefecture received in the infirmary of the establishment patients having more or less severe attacks of a disease presenting various morbid and obscure symptoms, which prevented the establishment of a precise diagnosis. One of the assistant superintendents of the prison having died after eight days' illness, his death was registered under the head of typhoid fever. The transfer of vagabonds and beggars to the prison of Nauterre continuing as before, this prison received, from the 20th of March to April 10th, twenty-six patients, among whom eleven deaths occurred. It was only from the first of April that the diagnosis of exanthematous typhus was made, several analogous cases being under observation at that time. Two cases occurred among the persons previously in the house,—one an employé whose duty was the cleansing of the garments and belongings of the prisoners on their entry into the prison; the second case was that of a man who had already been in the hospital several days.

At the prison of la Santé the diagnosis was not confirmed until the 3d of April. The central infirmary received fifteen cases coming from the Depot; eight deaths were registered. At the Hôtel-Dieu the diagnosis had been rectified on April 1st. The central infirmary received thirteen patients coming from the Depot. Two cases occurred in the household proper,—one among the employés, and one in the case of a patient suffering from rheumatism, whose bed was close to that of a typhus patient.

In the other hospitals of Paris, two cases were noticed at la Charité (Boury); one at Necker (Rendu); and cases also occurred at Tenon, at Bichat, and among other hospital services.

As regards the city proper the reports are vague, as, for example, the case of the death of a woman living in the rue J. J. Rousseau. The other patients, like the prison guard who died at his home, originated without doubt from the Depot of the Prefecture.

Diagnosis.—The first cases may have left the opinions of the attending physicians in a state of doubt and uncertainty. From the 1st of April all acquired the certainty that they were confronted with exanthematous typhus, characterized by the marked hyperthermia (40° C.—104° F.), the thermo-adynamic symptoms, the absence of intestinal troubles, and more or less accentuated petechial eruption.

Etiology.—Although the etiology of the malady remains obscure, all would point to the supposition that it had been brought to the Depot by individuals coming from Amiens or Lille.

M. Leloir affirmed before the Academy of Medicine that exanthematous typhus had existed in the prison at Lille since more than two months. When the infirmary could accommodate no more patients, they were sent to the general hospitals at St. Sauveur and at la Charité.

Contagiousness.—Contagiousness occurs exclusively by contact with the patient, or particularly by contact with the belongings and garments of the latter; therefore prompt measures of isolation and disinfection were at once resorted to.

Prophylaxis.—This may be comprised in the two following indications: cleanliness of the body by the use of baths; strengthening and tonic nourishment (rations of meat, coffee, wine, etc.).

In this connection it might prove interesting to note the rapidity with which the process of disinfection was carried out in the prisons of Paris as soon as the character of the disease was recognized. The notice was served at 7.25 of the evening on the 1st of April. Early in the morning of the 2d inst. the entire force was at work, the amount of labor executed during the process, which lasted five days, representing 219 days' work; 2270 objects of various kinds—blankets, mattresses, etc.—were passed through steam under high pressure (Geneste and Herscher system), and at least 150,000 square surface metres in the buildings were disinfected, 1–1000 bichloride solution and a 5-per-cent. sulphate-of-copper solution being the principal agents used. Not a spot, whether upper rooms or cellar, was left untouched.

Finally, it may be said that the epidemic, though having originated and become active in centres especially adapted for its rapid dissemination, has been effectually curtailed, and that its development has not taken place. From the point of view of international hygiene this is the most important feature. With us the breaking out of the disease under such exceptional circumstances will remain as a profitable lesson for the future.

Selections from Reports of Members of the Annual's Editorial Staff.

France.

DRS. BOURNEVILLE ET SOLLIER,
RÉDACTEURS DU DÉPARTEMENT DES MALADIES NERVEUSES PÉRIPHÉRIQUES ET DYSTROPHIES MUSCULAIRES.

Tous livres, thèses, monographies, etc., sur les sujets ci dessus, publiés en langue française, doivent être envoyés à
M.M. BOURNEVILLE ET SOLLIER,
rue de la Glacière,
Paris.

Chorea.—THE beneficial influence exerted by certain febrile maladies on some neuroses is well known. KOHOS reports a case in which chorea affecting a lad of 13 years diminished perceptibly during an attack of erysipelas. The patient was afterward cured of both the chorea and the erysipelas at the same time.—*Lyon Médical*, October 16, 1892.

LANNOIS, of Lyons, basing himself upon certain analogous facts in regard to epilepsy, used the soluble products of microbes or substances having an effect similar to that produced by Liebreich's cantharidate of potassium. After having administered this substance in small doses, he gave hypodermatic injections of staphylococcus aureus cultures to young choreic subjects, who were rapidly cured. A similar attempt in the case of an epileptic induced amelioration of the symptoms. The patients tolerate the injections without the least local reaction. Lannois considers that it would be preferable to experiment with cultures of streptococcus cultures, since erysipelas and suppuration streptococci appear to be the diseases having the most beneficial effect upon epilepsy. This is certainly a new and most interesting field of research. The nature and treatment of chorea are always the object of numerous communications, without there being, however, any very brilliant results to modify the knowledge of the subject acquired up to the present date.—*Lyon Médical*, October 23, 1892.

Facial Paralysis.—PERRIN, of Marseilles, reports a rare and interesting case of peripheral facial paralysis, following a cervico-occipital zona, occurring in a nervous subject of neuro-arthritic heredity. All the symptoms were rapidly followed by recovery. The paralysis appeared toward the end of the second week, at the period of desiccation of the zona eruption, which did not involve the deep muscles of the tongue, the soft palate, or the tympanum. Everything would indicate a superficial and temporary neuritis,—infectious also, if we admit, with Landouzy, the infectious nature of zona. The nervous heredity must certainly have taken a part in its occurrence.—*Journal de Médecine de Paris*, January 22, 1893.

DECOUX has also made a study of hysterical facial paralysis. This disease is of rare occurrence, and its existence was for a long time denied. The author has collected eleven cases. The paralysis is rarely bilateral,

and it involves the entire inferior facial, of which sometimes only a portion is affected. It is of variable intensity, and it sometimes recurs. Hemiplegia may co-exist with it, but always in an incomplete and temporary form; the same is the case with paresis of the tongue. As in hemispasm, combined motor and sensory disturbances are observed; the anæsthesia is at its maximum on a level with the face. As regards the intelligence, a weakening of the faculties of attention and memory is observable. But these latter troubles are attributable to the hysteria itself, in our opinion, and not to the facial paralysis, as the author thinks.—*Thèse de Paris*, 1892.

BABINSKI, of Paris, has also investigated hysterical facial paralysis. He demonstrates that it is most frequently systemic, and that its aspect varies according as certain special portions of the motor system are involved; that in this form of paralysis both sides of the face are simultaneously attacked, whether there be question of bilateral paralysis, or of facial hemiplegia associated with facial hemispasm of the opposite side. He is of the opinion that hysterical paralysis does not usually weaken the muscular tone, and that therefore, in pure hysterical facial hemiplegia, buccal deviation should not exist, and that it should only occur when spasmodic phenomena are associated with the hemiplegia.—*Société de Chirurgie*, December 14, 1892.

Great Britain.

DRS. BOURNEVILLE AND SOLLIER,

EDITORS OF THE DEPARTMENT OF PERIPHERAL NERVOUS DISEASES AND MUSCULAR DYSTROPHIES.

All books, theses, monographs, etc., upon the above subjects should be sent to

DRS. BOURNEVILLE AND SOLLIER,
rue de la Glacière,
Paris, France.

Migraine and Headache.—ALEXANDER WALLACE, of Colchester, believes that migraine is due to defective or insufficient excretion, partly of the liver, but mainly of the kidneys. The severity of the headache is directly proportionate to the amount of the acidity of the gastric fluids, and this can be greatly lessened by the free use of alkaline draughts. Solid food is undesirable, and rarely to be taken. Treatment may be begun twelve or twenty-four hours in advance of the time the migraine is expected to begin, with a view to abort it.—*The Lancet*, January 14, 1893.

Peripheral Neuritis.—W. M. ORD, of London, reports a case of peripheral neuritis of obscure origin, presenting as interesting points the occurrence of muscular atrophy and osteo-arthritis. These troubles were most marked in the upper limbs, and gave them the appearance of being broader than usual. Deviation of the fingers toward the radial side was also present, due to the atrophy of the extensors. The atrophy preceded the osteo-arthritis, and was clearly due to nervous lesions.—*The Clinical Journal*, February 8, 1893.

ARTHUR MAUDE describes a case of peripheral neuritis due to alcoholism, which presented exaggeration of the tendon reflexes. This symptom

disappeared along with the disease, the cure being brought about by abstinence.—*British Medical Journal*, February 18, 1893.

CLARKE, of Bristol, recalls the fact that he had reported two cases of exaggerated tendon reflex in connection with peripheral neuritis due to diphtheria.—*British Medical Journal*, February 25, 1893.

Chorea.—D. B. LEES published an interesting case of chorea in a little girl, in which the patellar reflex was absent. In his opinion, this demonstrates that chorea is, in itself, due to a toxic element in the blood acting upon the motor cells of the spinal cord.—*The Clinical Journal*, March 8, 1893.

Great Britain.

DR. A. LUTAUD,

EDITOR OF THE DEPARTMENT OF DISEASES OF PREGNANCY.

All books, theses, monographs, etc., upon the above subject should be sent to

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35 boulev. Haussmann,
Paris, France.

On the Induction of Premature Labor by Champetier de Ribes's Bag.—ERNEST HERMANN, of London, thinks that the bag devised by Champetier de Ribes to induce abortion or premature labor is a great improvement on Barnes's bags. The advantages of this bag are the following: 1. With Barnes's bags successive sizes have to be put in, one after the other; and the introduction of each needs a visit from the doctor and manipulations troublesome to him and disagreeable to the patient. One operation only is required with Champetier de Ribes's bag; when this is in its place, it dilates the cervix to the full extent without any need for further interference, and the doctor may leave the patient, trusting the nurse to send when pains become strong. 2. Barnes's bags are made of India rubber, which stretches when fluid is pumped in. Hence the operator has no clear indications when the bag is full; and hence, also, if the cervix is rigid, the part in the cervix remains unexpanded, while the part above, and especially the part below, bulge out instead. Champetier de Ribes's bag is made of inelastic material; when it is full, no more fluid can be pumped in, and it does not alter its shape. 3. Barnes's bags are put in with a rod or sound in a little pocket at the side of the bag. This little pocket is very apt to give way. Modifications have been made in the bags by others to remedy this imperfection, but Hermann has seen no way so satisfactory as the convenient forceps by which Champetier de Ribes's bag is put in. 4. It is not possible with Barnes's bags to get complete dilatation of the os. Champetier de Ribes's dilates it fully. 5. In the introduction of Barnes's bags the membranes are sometimes ruptured, and the presence of the bag in the lower segment of the uterus sometimes displaces the presenting head, changing a natural into a transverse presentation. With Barnes's bags these are serious drawbacks, for, if these accidents have happened, there is much risk to the life of the child in turning and extraction.—*British Medical Journal*, January 7, 1893.

Fibroid Tumors During Pregnancy.—HALLIDAY CROOM, of Edinburgh, has given a record of a number of cases illustrative of operative interfer-

ence with fibroid tumors during pregnancy, labor, and the puerperal state. It is but seldom, notwithstanding their great frequency among child-bearing women, that fibroid tumors give rise to any inconvenience during pregnancy, and very rarely do they require surgical interference.—*Edinburgh Medical Journal*, October, 1892.

Causes of Sterility.—In a clinical lecture, CHAMPNEYS, of London, studied the causes of sterility ascribable to the male. The causes are of two kinds: (1) those due to a defective quality of the spermatic cell,—*failure of production;* (2) those due to a defective function of the spermatic cell and the germinative cell,—*failure of exchange.* Champneys attaches great importance to the first class of causes, and thinks that gonorrhœa plays an important rôle in the etiology of sterility, in man as well as in woman.—*Clinical Journal*, February 22, 1893.

Italia.

DR. J. MOREL,
REDATORE CORRISPONDENTE PER LE MALLATIE NERVOSE.

Si prega di mandare libri, stampe, etc., sulle suggetti precedente, che vedono la luce in Italia al

DR. J. MOREL,
Hospice Guislain,
Gand Belgique.

Influence of Galvanization and of Franklinization on the Resistance to Electricity of the Human Body.—SILVA and PESCAROLO state that, on causing a galvanic current of low potential to pass through the human body, there will be observed, at the point of application of the electrodes, at the anode in particular, a progressive diminution of the electrical resistance to the lowest degree, corresponding to the intensity of the current. At the same time a slight augmentation of resistance seems to be produced in other portions of the body. After the removal of the electrodes, those portions of the body having been permeated by the current continue to disengage electricity after the manner of accumulators, the secondary current thus engendered following the same direction as the primary current. Franklinization (electricity at high potential) diminishes the electrical resistance when the body is charged with negative electricity, and increases the resistance when it is charged with positive electricity.—*Rivista Sperimentale di Freniatria*, 1893.

Pathology of Paralysis Agitans.—In a case quoted by BORGHERINI there was no intellectual disturbance. Sensibility was intact. There was slowness of muscular contraction; rigidity of the members and of the trunk; fibrillary contraction, and generalized palsy, most pronounced in the upper members, the tongue and the face; limited motility of the eyeballs; slowness of deglutition and of the pharyngeal reflexes; tachycardia; very pronounced vaso-motor symptoms; spontaneous congestions of the face, accompanied by vertigo; hyperæsthesia of temperature sensibility; weakness of the cutaneous and tendon reflexes, and diminution of electric excitability.

Microscopical examination of the nervous system showed predominance of vascular alterations; thickening of the walls (these containing numerous nuclei); distension of the perivascular lymph-spaces, thick cellular septa radiating from the vessels into the nerve-tissue; no other alter-

ations in the cerebrum or cerebellum. In the protuberance were more pronounced vascular changes: aneurysmal dilatations of the smaller vessels. There were marked changes in the nervous elements: ganglion-cells congested, deformed, and surrounded by large pericellular spaces; the lesions were more pronounced at the origin-centres of the vagus, the glosso-pharyngeal, the facial, and the oculo-motor nerves. At this point, on the plane of the fourth ventricle, under the ependyma, true atrophy of the gray substance was found. In the medulla oblongata there was a diminution of the nerve-filaments in the region of the olivary bodies. In the spinal cord, particularly in the cervical and dorsal portions, there was thickening of the peripheral cellular tissue and neuroglia, the nuclei of which were unusually numerous. Dilatation and thickening of the blood-vessels of the gray cornua were found; the central canal was obliterated by numerous nuclei. Some few atrophic fibres were found in the spinal roots, in the vagus nerve, the median, and in the external tibial. There was atrophy of the cellular elements of the great sympathetic ganglia. Borgherini therefore concludes that the affection does not primarily attack the vessels: 1. Because the inflammatory changes are distributed through the nervous system without order or system; in some regions there was not even a trace of atrophy of the nervous system to be observed. 2. Because there is a great development of the blood-vessels. 3. Because vasomotor symptoms predominate.—*Rivista Sperimentale de Freniatria*, 1893.

Japan.

DR. W. N. WHITNEY,
CORRESPONDING EDITOR FOR GENERAL MEDICINE, OBSTETRICS AND GYNÆCOLOGY.

All books, theses, monographs, etc., published in Japan upon the above subjects should be sent to

DR. W. N. WHITNEY,
U. S. Legation,
Tokyo, Japan.

Extra-uterine Pregnancy, with Rupture of Abdominal Wall and Protrusion of an Arm.—G. KIMURA reports the following case: Mrs. Mizuguchi, aged 41 years, of Koguchi, Higashi Muro County, Wakayama Prefecture, Central Japan.

Family History.—No hereditary disease; four brothers and sisters, all healthy.

Previous History.—Healthy from birth; has had no serious illness; menstruated at 15 years, married at 20, gave birth to a female child at 22; up to 40 years of age had had six children, three boys and three girls; confinements easy. Last year, in April, menstruation ceased, the seventh conception having taken place. Between that time and December following nothing unusual was noticed, when, upon the 28th, the abdomen suddenly became somewhat swollen, and pain in the back, accompanied with sudden hæmorrhage, appeared. Thinking that labor had begun, she made her preparations, but, after having waited three days without any further results, a physician, Kimura, was called in.

Present Condition.—The woman was about middle-sized, pale in color; sclerotic anæmic; pulse weak and frequent; temperature, 39° C. (102½° F.); abdomen swollen, as if from ascites; heart-sounds muffled; fœtal heart-sounds and movements not discernible; uterus normal.

Diagnosis.—Probable extra-uterine pregnancy. Tentative measures were taken and the family advised to call in an obstetrician, which, owing to their circumstances, they did not do. January 4, 1893, the case was seen again, when the pulse was 80 and temperature 38° C. (100⅘° F.), but no other change. Patient was feeling better, and a tonic was given. On the 14th patient was seen again; countenance showed signs of weariness and some wasting. Appetite also diminished; heart-beats increased in frequency. Temperature, 38° C. (100⅘° F.); pulse, 100. Two inches above the umbilicus a small opening about the size of a fifty-cent piece (United

FIG. 1.

States coin) was observed, from which some thin, purulent, foul-smelling matter containing hair was discharging. Upon further examination it became evident that the cavity contained the fœtus, which was undergoing maceration. The patient stated that, on the 7th instant, a red spot appeared in this place, which became inflamed on the 10th, and the skin ruptured on the 13th, and a discharge set in. On the 17th she was seen again, when a fœtal arm, exposed to the shoulder, was found protruding from the orifice (see Fig. 1), the process of maceration having well advanced. The gravity of the case and the necessity for laparotomy were explained to the patient,

and Hotaro Sato, a physician of Nimiyacho, was sent for. Upon the following night Sato arrived, and on the next morning at eleven, assisted by Kimura, the operation was begun and completed in one hour.

The patient was removed to a room properly cleaned and prepared. She was placed upon her back and the surface of the abdomen thoroughly washed with soap and water. A curved incision was then made, with a crescent-shaped bistoury, from the orifice above the umbilicus outward and downward, about ten centimetres long; two small arteries had to be tied. The right hand of the operator was then introduced into the cavity and the

FIG. 2.

fœtus seized, which, from long maceration, had become soft and doughy. It was found to be fully developed and difficult to extract. Craniotomy was then performed, and trunk and limbs were delivered. The placenta and cord, being much macerated, came away in pieces while washing out the cavity with a 1.5-per-cent. solution of carbolic acid. The cavity was then thoroughly cleansed and the edges of the wound approximated, sutures introduced, and a dressing of iodoform gauze applied. (See Fig. 2.)

The length of the fœtus was 1.5 feet, the circumference of the chest 0.9 foot, the length of the arm 0.6 foot, and length of leg 0.7 foot.

Remarks.—The position of the fœtus was with head to the right side of mother, with face down, and legs to left side. Ulceration and rupture of abdominal wall were caused by pressure of left fœtal elbow setting up inflammation, which ended in ulceration and an opening through which, when the amniotic fluid escaped, the arm engaged, and was then pushed out.

Treatment After Operation.—Sweet spirits of nitre and tincture of opium at night; two eggs given. Temperature, 37.8° C. (100° F.). Urine passed twice. Patient slept quietly for four hours. During the first week following, the pulse ranged from 80 to 90 and the temperature from 37.8° to 38.2° C. (100° to 100¾° F.), the pain subsiding after the fourth day. The bandages were removed at the end of the week, and the wound found to be ununited in some places, and somewhat inflamed and swollen. It was well washed, old sutures removed and new ones inserted, and dressed with iodoform gauze. During the second week no change took place except of gradual improvement. Temperature remained within 38° C. (100⅜° F.), and the pulse ranged from 75 to 80; appetite improved, and, although she had not slept well at nights, she was not greatly fatigued in the mornings. At the end of the second week, upon removal of the bandages and dressing, adhesion of the edges of the wound was found to have taken place, and the purulent discharge had greatly diminished. The wound was then well washed with carbolic-acid solution and isinglass-plaster applied, and again bandaged. During the third week the bandages were removed every other day and the wound washed with carbolic solution. Granulations in the wound were healthy. Appetite improved, and the patient slept well with general return of strength. Bowels moved every other day, and kidneys acted normally. Fourth week, all symptoms subsided; general condition good; wound completely closed with cicatrix. Recovery complete.—*Kii Provincial Medical Society's Reports*, February 13, 1893.

Poland.

DR. J. DRZEWIECKI,

Redaktor Korespondent z działu polskiej literatury tyczącej się: Medycyny ogólnej i lecznictwa; pediatryi; akuszerzyi; ginekologii; laryngologii; otologii; hygieny; demografii; medycyny sądowej; histologii; patologii; bakteryjologii; anatomii; fizjologii.

Wszystkie pisma lekarskie, dzieła, rosprawy, monografije, itd., w języku polskim wydane, a tyczące się przedmiotów powyższych, winny być nadsyłane pod adresem

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Erysipelas of the Larynx.—A. SOKOLOWSKI gives a description of four cases of erysipelas of the larynx. The first ended successfully. It began as a lacunar inflammation of the throat, in which Stendter detected the presence of staphylococci and the cocci of erysipelas. It is possible that the process passed from the tonsils, by way of the lymphatic vessels, into the larynx, and occasioned the disease. In the second case, *cum exitus lactatis*, the post-mortem examination showed purulent infiltration of the larynx, from which probably ensued the general infection. In the two last cases, with mild course, the process began also on the tonsils, in the form of lacunar inflammation, and was followed by slight tumefaction of the larynx. The author is of opinion that this swelling was caused by the cocci of erysipelas,

which fact could only be proved by bacteriological examination.—*Gazeta lekarska*, 1892, No. 32.

On the Deviations of Speech: Stammering and Stuttering.—OLTUSZEWSKI acquaints the reader with the theory of stammering according to the views of the Vienna and Berlin schools. The first, with Caen at the head, makes stammering arise from disturbances of respiration, namely, from insufficient pressure of the air in the lungs and irregularity of breathing. The representative of the Berlin school, Professor Gutzmann, regards stammering as a functional, spastic, and co-ordinate neurosis. As the views are so unlike, each of these schools recommends a different treatment, the particulars of which cannot be stated here.

Stuttering consists of the inability of pronouncing one of many or even of all the consonants. The inability may be total or partial. The first may be central (very seldom) or peripheral. Partial stuttering is divided into the following groups: (1) lisping, (2) snorting, (3) throat stuttering, and (4) lambdacismus.—*Medycyna*, 1892, Nos. 31 and 32.

Poland.

DR. C. SZADEK,

Redactor Korespondent z działu polskiej literatury tyczącej się: Chirurgii ogólnej; dermatologii; syphilografii; chorób chirurgicznych (tężec, wodowstręt, itd.).

Wszystkie pisma lekarskie, dzieła, rosprawy, monografije, itd., w języku polskim wydane, a tyczące się przedmiotów powyższych, winny być nadsyłane pod adresem

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Rossyja.

Europhen as a Dressing.—R. TASINSKI, of Warsaw, employed this drug successfully in dressing suppurating surgical wounds, tubercular and other ulcers, etc. This new antiseptic remedy, designed to replace iodoform, is obtained by the action of iodine upon isobutyl orthocresol. It is an amorphous, yellow powder, exhaling a slight odor resembling that of saffron. It is insoluble in water and in glycerin, but more soluble than iodoform in alcohol, ether, chloroform, and oil. Europhen adheres better than iodoform to the skin and to open wounds; being of low specific gravity, it will cover a surface five times greater. Europhen is not toxic. The author has used it in powder and in the form of a glycerin emulsion.—*Gazeta lekarska*, 1893, No. 9.

Cases of Idiopathic Orcho-Epididymitis Acuta.—ELSENBERG, of Warsaw, reports three cases of idiopathic orchitis and epididymitis which appeared without any cause. In two cases the disease began three and eight days respectively after coitus. The course of the morbid process was benign in all three cases. In one case the author had observed orcho-epididymitis occurring before the invasion stage of measles.—*Gazeta lekarska*, 1892, No. 47.

On the Use of Iodine in the Treatment of Diseases of the Nose and Pharynx.—WRÓBLEWSKI warmly recommends iodine as the best topical drug for the treatment of various diseases of the nose and pharynx. He employs

this remedy successfully in rhinitis atrophica, ozæna, adenoid growths of the naso-pharyngeal region, angina, chronic gingivitis sicca, and mycosis pharyngis.—*Gazeta lekarska*, 1893, No. 10.

Necrosis Phosphorica of the Jaws.—BOGDANIK, of Siata, gives the details of four cases of phosphoric necrosis, in which he removed the affected jaws. In three of these the results were excellent; in one case the disease re-appeared and the patient died during the operation of removal of the necrotic bones. Like Wegner, the author regards necrosis of the jaws as due to phosphorus fumes, and states that it begins as an ossifying periostitis, and ends by death of the bone; in one case only, Bogdanik found primary necrotic process of the bone, the periosteum being intact. He concludes that early resection of the entire jaw yields the best results and prevents extensive necrosis.—*Przeglad lekarski*, 1892, Nos. 42 and 43.

Resection of Sympathetic Ganglion Medium s. Thyreoideum in Epilepsy.—BOGDANIK reports a case of idiopathic epilepsy in a boy 16 years old, which was very markedly benefited by resection of the ganglion medium s. thyreoideum. The case was one of *grand mal*, of two years' duration, the attacks occurring daily. After the operation the patient was under observation two months, during which time he only had slight attacks.—*Przeglad lekarski*, 1893, No. 7.

Russia.

DR. C. SZADEK,

РЕДАКТОР-КОРРЕСПОНДЕНТ из области русской литературы, касающейся: Общей хирургіи, дерматологіи, сифилографіи, хирургическихъ болезней (столбняк, водобоязн' и т. п.).

Всѣ періодическія, медицинскія изданія, сочиненія, стат'и монографіи и т. д., изданныя на русскомъ языкѣ и касающіяся вышепоименованныхъ предметовъ должны быт' адресованы на имя.

ДРА ШАДКА.

2, Театрал'ная улица, в Кіевѣ.

On the Use of Salol in the Treatment of Urethritis.—GRIWZOW obtains excellent results in gonorrhœa by the internal use of salol (1.5 grammes—23 grains—three or four times daily). The effects are particularly good in acute and subacute cases. Patients may be cured in from ten to fourteen days. In subacute forms it is sometimes useful to combine salol with cubebs. The author also employs injections of salol emulsion with water and gummi arabicum (1–200). No disagreeable effects whatever were obtained.—*Medicinskoye Pribavlenye k' Morskowu Sborniku*, 1892.

Ichthyol in the Treatment of Erysipelas.—GLINSKY states that during the last four years he has tried ichthyol with great success in one hundred and twenty-eight cases of erysipelas. He concludes that this drug is decidedly the best means of all yet proposed for the treatment of this disease. It rapidly arrests the spread of the morbid process and reduces the average duration of the disease down to two or three days. The method is of the greatest value in all cases in which cardiac weakness, due to fatty degeneration of the heart, is present in patients with nephritis.—*Zemsky Wratsch*, 1892, Nos. 39 and 40.

Elephantiasis Mammæ.—LWOW reports a rare case of elephantiasis mammæ which had lasted some years, in a woman of 21 years. The tumor was supported by straps connected with a leather belt. The growth was removed, and the operation followed by drainage. Recovery was prompt. The first case of elephantiasis mammæ was reported in 1857 by Rosseaux.—*Wratsch*, 1892, No. 37.

Albuminuria in Syphilitic Patients.—O. PETERSEN, of St. Petersburg, mentioned that in eighty-eight autopsies on syphilitics he had found lesions of the kidneys thirty-four times. In thirty-six cases where the fatal issue was due to syphilis alone, seven patients had succumbed to a chronic nephritis. The author examined the urine of syphilitics and found that, in the secondary period, albuminuria exists in the proportion of 3 to 8 per cent.—*Wratsch*, 1892, No. 21.

Heat in Local Skin Diseases and Ulcers.—STEPANOW states that, in the treatment of local skin diseases and ulcers, heat is an important factor. Ulcers heal more rapidly in consequence of the application of heat than under any other treatment. Heat acts as well upon syphilitic as upon non-syphilitic ulcers. The beneficial effects of heat on the healing of ulcers depends principally upon a careful regulation of the circulation and improvement of the nutrition of the diseased parts. Under the influence of heat local congestion rapidly disappears. Heat acts as a sedative, and the better the longer it is applied. The application of heat by means of a rubber bag with hot water is preferable to other methods. Even prolonged use of the bag does not produce blistering.—*St. Petersburg Medic. Woch.*, 1893.

Treatment of Venereal Chancres by Sozoiodolnatrium.—TRAPEZNIKOW urges the claims of sozoiodolnatrium as an excellent substitute for iodoform in the treatment of venereal sores. The merits of the drug are that it is odorless and tasteless; it is an antiseptic, a promoter of granulation and healing, and it arrests suppuration. The author has used the powder of sozoiodolnatrium *per se* with success in some cases of soft chancres, and reports a number of cases thus treated. Healing was complete after seven to fourteen days.—*Medicyna*, 1892, iv, p. 220.

Cases of Extra-genital Syphilitic Infection.—GRIWZOW describes two cases of extra-genital syphilitic infection. In one of them—a sailor—the hard chancre (plaque serpigineuse) was situated on the lower lip near the oral angle; the submaxillary glands were enormously enlarged, the inguinal quite normal. The patient had contracted the infection through kissing and a promiscuous smoking of cigarettes with a woman who had syphilitic plaques on the lips. The other patient—also a sailor—was admitted to a general ward on account of painful and difficult swallowing, ulceration of the right tonsil, enlargement and induration of the right submaxillary and cervical glands, and fever. Angina follicularis was diagnosed, but an exanthem appeared, which, on examination, proved to be syphilitic, the tonsil being occupied by a typical hard chancre.—*Medizinskoye Pribavlenye k' Morskowu Sborniku*, 1892, pp. 199, 216.

GOLD, of Odessa, reports six cases of extra-genital syphilitic infection, four of which occurred in one family. In two patients, a man and his little daughter, the primary lesion was situated on the lip, the father having contracted the disease from his child, the latter having become infected during a stay with a little friend. The mother of the little girl was also infected by the latter, the lesions being a primary ulcer on the breast, and on the trunk and extremities a syphilitic macular exanthem. The other daughter, 15 years old (virgo-intacta), also contracted the disease from her parents, and presented plaques on the lips. Two other cases were those of a young man and his father, the former having hard chancre of the right tonsil, enlargement of the submaxillary glands, and papulo-pustular rash; the father had primary ulcers on the lips *in sulco-retro-glandularis*, and enlargement of all the lymphatic glands in the pubic region, and roseola.—*Yugo-Russkaya mediz. Gazeta*, Odessa, 1893, No. 5.

Excision of Primary Syphilitic Scleroses.—GOLDENBERG relates four cases of syphilitic chancre of the prepuce in men, aged from 21 to 30 years, in which he performed circumcision, excising as much as possible of the foreskin together with the ulcer. In one of the cases the operation was done on the second day after the last intercourse; in another, on the third and sixth days respectively; in a third, on the fifth day after the development of the trouble; and in the fourth on the fourteenth day after the last coitus or on the fifth of the symptoms. In the latter case the operation failed to prevent the development of secondary manifestations, roseola, etc., appearing on the twenty-seventh day after excision. The other three patients, however, remained absolutely free from any signs of syphilis up to the time of writing. In one of the cases seventeen months have passed since the operation; in another, nine; and in the third, eighteen. The author believes that he succeeded in cutting short the course of syphilis in all three cases.—*Medizinskoye Obosrenye*, 1892, xxvii, p. 1191.

Diffuse Dermatitis due to Internal Use of Opium.—LANZ reports a case of opium-rash in a woman aged 29 years. The patient, suffering from acute bronchitis, was given ordinary doses of Dover's powder. About eight hours after the first powder, chill, fever, and headache came on, and the whole skin turned quite red. On the third day universal desquamation occurred. Four days later the woman looked exceedingly ill, complaining of incessant shivering, thirst, anorexia, headache, sleeplessness, and a feeling of tension all over the integuments. The entire cutaneous surface from head to feet was congested, dry, and covered with epidermic scales of varying size. From the body the epidermis could be detached in large sheets, while from the hands and feet it could be taken off in the shape of gloves and slippers. In four or five days the skin became pale and the desquamation nearly ceased. The cough being still present, two 5-grain (0.30 gramme) doses of Dover's powder were ordered. About seven hours after the first dose a severe rigor came on and lasted several hours; and after the second powder the skin again became intensely congested, swollen, hot, and painful, and patient complained of headache, thirst, and fever. Two days later

general desquamation again took place. Two 5-drop doses of tincture of opium were again given some time afterward, and this was again followed by a similar train of symptoms.—*Mediziniskoye Obosrenye*, 1892, No. 14.

The Micro-Organism of Chancroid.—DUCREY and KREFTING described a bacillus which they had observed in great numbers in the secretion of chancres, produced extra-genitally by inoculation. In form this bacillus is small and short; the ends are not rounded; its chief characteristic is its growth on the tissue in the form of chains. Unna has also found, in five successive cases in which there could be no doubt as to the diagnosis, a bacillus in excised lesions which he regards as most probably the bacillus of the soft chancre. Petersen publishes the results of his experiments, which are confirmatory of those of Ducrey and Krefting. These investigations were conducted on fifteen patients, and consisted in the examination of the secretion of chancroids after washing with a 1-per-cent. solution of sublimate. The bacilli were found, in all fresh, typical cases of chancroid, in very great numbers. They were found sometimes in groups, sometimes in the form of chains, and occasionally occurred singly in the protoplasm. A number of various ulcerations and syphilitic secondary lesions, impetigo, etc., were examined without the discovery of a trace of this bacillus. The author concludes that the essential cause of chancroid is the invasion of specific micro-organisms into the tissue.—*Wratsch*, 1893, No. 5.

Sweden.

DR. F. EKLUND,
Brefväxlande Medarbetare
för den
SVENSK MEDICINSK
LITTERATUR.

Af alla i Sverge utkommande medicinska tidskrifter, böcker, afhandligar, monographier a. s. v. torde ett exemplar benäget öfversändas till

DR. ABRAHAM
FREDRIK EKLUND,
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Stockholm.

Researches on the Structure of the Gray Cortical Matter of the Brain Proper in Man and the Higher Animals.—GUSTAF RETZIUS has had the good fortune to establish the presence of the polygonal fusiform cells, discovered and first described by Cajal, in the cortex of the cerebrum of the dog. In the cortical substance of the brain proper of a human fœtus, eight months of age, the same observer discovered a very strange species of celis, which send their filaments in different directions. From these prolongations, which are very like garlands, smaller ramifications spread more or less vertically toward the surface of the cortex of the cerebrum, where they terminate in button-like thickenings. It is Retzius's opinion that these cells in the human brain-cortex belong to the same species as those discovered by Cajal in the brain of the rabbit,—*i.e.*, polygonal and fusiform cells, —although in man, at least during the fœtal period, they are much more developed and show a peculiar form. The author is persuaded that these cells are true nervous elements, although he cannot furnish a scientific proof for this allegation.—*Transactions of the Swedish Medical Society for the 29th January, 1893*, pp. 24–26, Stockholm, 1893.

Concerning the Etiology of Croupous Pneumonitis.—SET LINDSTROM summarizes his experience as follows: The contagion of croupous pneumonia

is most powerful when it meets two other factors,—deficient supply of air and bronchitis. It might be possible to maintain, therefore, that through the agency of these factors low temperatures may produce pneumonias.—*Hygiea*, lv, 3, pp. 269–289, Stockholm, 1893.

United States.

DRS. BOURNEVILLE AND SOLLIER,

EDITORS OF THE DEPARTMENT OF PERIPHERAL NERVOUS DISEASES AND MUSCULAR DYSTROPHIES.

All books, theses, monographs, etc., upon the above subjects should be sent to

DRS. BOURNEVILLE AND SOLLIER,
rue de la Glacière,
Paris, France.

Migraine and Headache.—LEONARD CORNING, of New York, suggests a new method of treatment based on the fact that chemicals applied, especially in a fluid state, to the lining membrane of the nasal cavity are speedily absorbed, producing in this way characteristic physiological effects. The author first washes out the nasal cavity with warm water, and then sprays the nasal mucous membrane with the drug he decides to use,—cocaine, morphine, atropine, etc. After the lapse of ten or fifteen minutes he compresses the internal jugular veins at a point on a level with or a little below the level of the thyroid cartilage.—*The New York Medical Record*, December 31, 1892.

Chorea.—H. C. WOOD, of Philadelphia, in a paper giving a novel explanation of choreic movements and a new treatment of chorea, distinguishes two forms : the first, those cases in which the muscular movements are violent and, to a certain extent, correlated so as to seem almost purposive (these are due to cortical lesions in the motor regions of the cerebrum); and, secondly, those in which the muscular contractions are finer and more rhythmical, and are aggravated by attempts at voluntary movements (these are spinal in character). With regard to the common form of chorea in children, Wood claims that the choreic movements are caused by a paralysis, or depression, of the inhibitory function of the cells of the spinal cord. With regard to the treatment, he accepts as established Chaperon's discovery that quinine has the property of lessening reflex activity by stimulating Setschenow's centre in the medulla, in small doses; but in large doses causes permanent paralysis of reflex activity by acting upon the spinal motor cells in the same manner that the small doses affect the higher centre. On the contrary, atropine, as asserted by Ringer and Murrell, is a paralyzer of inhibition.—*Editorial in The Boston Medical and Surgical Journal*, February 16, 1893.

CHARLES HENRY BROWN, of New York, revives the rheumatism theory as an etiological factor of chorea, after having reviewed the opinions of different observers, none of which are satisfactory. Rheumatism could be considered as a causative element in the adult, but hardly in the child.—*New York Medical Journal*, December 31, 1892.

RACHFORD, of Cincinnati, considers scrofulous anæmia as an important cause of chorea, basing his opinion upon sixty-one cases in the table presented by the author. One of the cases gave a history of syphilis, three

gave histories of scarlet fever, thirteen had organic heart disease, seven had anæmic murmurs, fourteen gave histories of rheumatism, twenty-nine gave histories of tuberculosis. He does not state that the anæmia of tuberculosis is the *most* important cause of chorea, but that it is an important etiological factor that has been greatly overlooked.—*Cincinnati Lancet-Clinic*, December 17, 1892.

TAYLOR calls attention to the chorea due to lesion of the eye. The case reported to bear out his argument, however, seems to be a case of hysterical astasia-abasia.—*The Physician and Surgeon*, February, 1893.

ADENOID VEGETATIONS.

Our distinguished colleague, Dr. W. Meyer, of Copenhagen (14 Norrefarimasgade), Denmark, is collecting data concerning the existence of adenoid vegetations in the different human races in order to study the influence of this affection on the physiognomy of each type. This interesting question can only be solved with the assistance of physicians residing in all parts of the world, and especially of those practicing in semi- and uncivilized countries. We earnestly appeal to our readers in Asia, Africa, Oceanica, etc., for their aid in the matter.

The points most desired are: (1) to the existence; (2) to the *relative* prevalence of the affection in any given community, and (3) to *the appearance* or facial conformation of the individuals affected. Photographs would, of course, serve a most admirable purpose and be greatly appreciated by Dr. Meyer. Any communication, photograph, etc., can be sent to the above address.

For the benefit of physicians who may not have had their attention drawn to the subject, and may not, therefore, have noticed cases in the country of their residence, the following description is furnished by Dr. Meyer: "Adenoid vegetations are benign, generally soft tumors of the vault of the pharynx, behind the posterior aperture of the nose. They are formed by hypertrophy of the lining membrane, and appear most frequently on the superior and posterior wall of that cavity. When present in sufficient quantity, they intercept the passage of air through the nose, and prevent nasal respiration as well as pronunciation of the nasal sounds M and N. Their seat near the pharyngeal openings of the Eustachian tubes frequently causes them to give rise to transient dullness of hearing during slight colds.

"The constantly open mouth, the laterally compressed nose (owing to the inactivity of the nasal wings), the somewhat stupid expression of the countenance, together with the mentioned defect of pronunciation, form the most prominent and easily recognizable signs of this affection, the objective diagnosis of which can easily be effected by putting the forefinger through the widely-opened mouth up behind the soft palate into the naso-pharyngeal cavity, where the growths will be felt as movable, soft, easily-bleeding masses.

"Adenoid vegetations are mostly found in children (often in several children of the same family). After puberty they diminish in size and usually disappear later on in life, not seldom leaving behind them lasting dullness of hearing.

"Whilst these growths have been found in Europe wherever sought for, their occurrence in races other than the Aryan has hitherto only been ascertained with regard to the Malayan race (in the Sunda islands)."

Recent Suggestions in Therapeutics.

ACNE ROSACEA.
Apply paste of zinc oxide containing 50 per cent. resorcin several times daily, 3 or 4 days. When skin hard, and before cracking occurs, stop above and apply dressing of gelatin, glycerin, zinc oxide, and hot water, covering whole with cotton-wool. Skin peels off with dressing after a few days. (Unna, *The Practitioner*, May, 1893.)

ALOPECIA AREATA.
℞ *Hydrarg. bichlor.*, gr. viij (0.5 grm.); *spts. vini rectif.*, *spts. terebinth.*, ãã ℥ij (62 grms.). M. Sig.: To be well rubbed into the patches, and for some distance around them, once a day.—*Hydrarg. bichlor.*, gr. xij (0.75 grm.); *spts. vini rect. dil.*, ℥viij (250 grms.). M. Sig.: To be used as a lotion for the entire scalp, face, and neck, every evening. To be allowed to dry on. (D. W. Montgomery, *Pacific Medical Journal*, April, 1893.)

CANCER OF STOMACH.
Diet, milk: if latter not tolerated, *kefir*; last resource rectal alimentation, peptonized. *Pain*, revulsives, cautery, or blister, and opium internally. *Anorexia and Constipation*, *Tinct. of badiana*, 4 grms. (ʒj); *tinct. of rhubarb*, 4 grms. (ʒj); *tinct. of nux vomica*, 2 grms. (ʒss). M. Sig.: 10 to 20 drops before each meal. In hyperhydrochloric cases, *bicarbonate of soda*; in deficiency of the acid, administer it (*hydrochloric acid dil.*) before meals. (Peter, *Revue de Chirurgie et de Thérapeutique*, April 26, 1893.)

CHLOROFORM NARCOSIS.
Blows with the hand over the region of the heart. Succeeded after all other methods failed, 45 minutes after cessation of heart-beats. (Konig, *Lyon Médical*, May 7, 1893.)

CHOLERA.
Salol, first stage; compounds of *phenol* with *bismuth*, *i.e.*, *beta-naphthol-bismuth*. For disinfection, *pine-tar*, 1 part in 10 of water. (Marceli Nencki, rep. by Drzewiecki, cor. ed., *Gazeta Lekarska*, January 14, 1893.)

CHOREA.
Dip sheet in water at 90 to 100 C. (48° to 50° F.), and, after wringing, wrap patient up to neck. Energetic frictions over sheet. When patient thoroughly warmed up by the rubbing, he is to be wrapped in blankets and remain in bed half an hour. This procedure to be carried out twice a day. (Joffroy, *Le Bulletin Médical*, May 7, 1893.)

COCAINE-HABIT.
Give (daily) diminishing doses of *cocaine*, reducing the amount one-half every 48 hours; exhibit it hypodermatically, isolating the patient from all communication with friends, and cutting off every possible avenue of supply; endeavor to give the patient's mind moral support and interest, and keep him under rigid control. So soon as the dose of *cocaine* is reduced to an infinitesimal amount, give plain water hypodermatically. Give, also, *iron*, *strychnine*, and mental occupation. (Lewis H. Adler, Jr., after Charles Meigs Wilson, *International Medical Magazine*, May, 1893.)

DIABETES MELLITUS.
Salol, gr. 30 (2 grms.), three times a day; especially effective in severe cases. (Nicolaier, *The Practitioner*, May, 1893.)

DIPHTHERIA.
Besides ordinary local treatment, viz., *tinct. ferri chlor.*, *quinia sulph.*, and *glycerin*, with which brush throat regularly, give internally: ℞ *Liq. hydrarg. perchlor.*, ʒiv (15 grms.); *potassii iodidi*, gr. xv (1 grm.); *tinct. nucis vom.*, ♏xxxij (2 grms.); *glycerini*, ʒj (31 grms.); *aq. menthæ*, ad ℥iv (125 grms.). M. Sig.: Two teaspoonfuls every two hours and a half, night and day. (C. W. Howatson, *Provincial Medical Journal*, May 1, 1893.)

EPILEPSY.
Bromide of camphor in capsules, 0.20 grm. (3 grains), twice a day, one week; same dose three times a day second week; then four times a day third week, and increased at same ratio until seven doses a day are taken. (Bourneville, *Le Progrès Médical*, May 6, 1893.)

HERNIA.
Myoplastic operation. After usual incision, ligation and resection of sac, open longitudinally sheath of anterior rectus and detach a piece a third or half of its thickness, making it 4 to 5 centimetres (1¾ to 2 inches) wide. Piece dissected from above downward is left connected by inferior pedicle, and insinuated behind internal portion of inguinal ring, thus giving muscular covering to hernial orifice. Suture to crural arch, avoiding cord, to remains of oblique and transverse muscles, and to outer aspect of external pillar of ring. Both pillars are then united by 4 or 5 silk stitches, rectus sheath readjusted, and skin sutured over it. (Schwartz, *La France Médical*, May 5, 1893.)

ICHTHYOSIS.
Daily or tri-weekly, plain warm or alkaline baths, according to severity of case, using, also, a *salicylated ointment* (2%–5%). In more severe cases add *precipitated sulphur* gr. x–xxx (0.65–2.00 grms.) to the ounce (31 grms.) of *ointment*. Best base for ointments is equal parts *lanolin*, *vaselin*, and *lard*. (H. W. Stelwagon, *Annals of Gynecology and Pædiatry*, May, 1893.)

IMPETIGO CONTAGIOSA.
Ointment of white precipitate (2%–4%), or ointment containing *white precipitate* and *red precipitate*, ãã gr. v–x (0.32–0.65 grm.) to the ounce (31 grms.); rub well into the lesions, the crusts, if possible, being first removed by washings with warm water and soap. If much itching, and where excoriations are produced, in addition to above application to lesions themselves, use lotion of *boric acid* with ʒss–iss (2–6 grms.) of *carbolic acid* to the pint (½ litre) as an application to the parts generally. (H. W. Stelwagon, *Annals of Gynæcology and Pædiatry*, May, 1893.)

INSANITY.
Hypnotics. *Trional* (*diethyl-sulfonmethylethylmethane*) in gr. x (0.65 grm.) doses procured sleep in 35 minutes, lasting (average) seven hours. In gr. xv (1 grm.) doses, sleep in 58 minutes, lasting 7½ hours (average). Longest time to produce sleep, 2½ hours: shortest, 15 minutes. Shortest duration of sleep, 6 hours; longest, 9 hours. *Tetronal* (*diethyl-sulfondiethylmethane*). In gr. x (0.65 grm.) doses, sleep in 1¼ hours, lasting (average) 6½ hours. In gr. xv (1 grm.) doses, sleep in 37 minutes, lasting 8¼ hours. Time to produce sleep, average, 1 hour; average duration of sleep, a little more than 6 hours. (Wm. Mabon, *American Journal of Insanity*, April, 1893.)

INFANTILE PNEUMONIA.
Hydrochlorate of quinine considered as specific. In child 3 to 5 years of age: ℞ *Hydroch. of quinine*, 1 grm. (gr. xv); *hydrochloric acid*, q. s. ad solutio; distilled water and simple syrup, of each 20 grms. (ʒij and ♏xij). One-half to be given at 10 o'clock, the other half the next day at the same time. *Apomorphine* may be added as expectorant, 18 milligrms. (gr. 1-35) in the 24 hours. (Von Velden, *Gazette Médicale de Liége*, May 4, 1893.)

LACTEAL SECRETION.
Most satisfactory galactagogue after experiments with entire series: ℞ *Extract of galega*, 6.5 grms. (ʒiss); *alcohol* at 60°, 100 grms. (ʒiij and ʒij). Sig.: 50 to 100 drops to be taken two to five times daily. In pill form, *extract of galega* may be given, in doses of 0.25 grm. (4 grains), one to four times a day. Milk in every way enriched. Health of mother and child in no way deranged, while all troubles due to deficient lactation improved in child. (Mdlle. Griniewitch, *Thèse de Paris*, 1892.)

MOLLUSCUM CONTAGIOSUM.
Almost all cases tend to spontaneous recovery. *White precipitate ointment* rubbed in well; if tendency to pedunculation, snip off the lesion or ligate it: if lesions are obstinate or large-sized, puncture and follow with light cauterization with stick of *silver nitrate*, or with *carbolic acid* applied with pointed stick. (H. W. Stelwagon, *Annals of Gynecology and Pædiatry*, May, 1893.)

MYXŒDEMA.
Sheep's, cows', calves', or pigs' thyroid gland subcutaneously, or by the mouth; sheep's gland best. One-fourth to one-half gland weekly, if administered subcutaneously, or one-half to one gland given by the mouth; latter preferred. The raw gland or home-made extract cheapest, and equally efficacious. (R. A. Lundie, *Edinburgh Medical Journal*, May, 1893.) Thyroid extract (Brady & Martin's). 20 drops 3 times a week. (G. H. M. Dunlop, *Edinburgh Medical Journal*, May, 1893.) Exertion should be avoided during treatment, especially when cardiac disorders present. Death occurred in a case shortly after commencement of thyroid treatment; extreme degeneration of heart-walls ascertained as direct cause. (John Thompson, *Edinburgh Medical Journal*, May, 1893.)

NEURASTHENIA.
Transfusion of solution of gray substance of sheep's brain. (Constantin Paul, *Academy of Medicine of Paris*, session of April 25, 1893.)

RHEUMATIC PHARYNGITIS.
℞ *Acidi salicylici*, gr. xx (1.4 grms.); *ferri pyrophosph.*, gr. v (0.33 grm.); *sodii phosphat.*, gr. j (0.07 grm.); *aq.*, ʒss (15 grms.). M. Sig.: To be taken every four hours. (W. C. Braislin, *New York Medical Journal*, April 22, 1893.)

SPLENOMEGALIA.
Arsenic should be tried. If due to malaria, *quinine sulphate* must be given. Hydrotherapy in some cases. Surgical interference only in desperate cases. (H. Rendu, *International Medical Magazine*, May, 1893.)

TÆNIA SOLIUM.
Salicylic acid. Day before treatment, abstinence after lunch; ʒj (30 grms.) *castor-oil* same evening. Next day ʒss (15 grms.) *castor-oil*, and an hour later *salicylic acid*, gr. xv (1 grm.), to be repeated five times, in hourly doses. If, after five hours, the tape-worm is not evacuated, ʒss (15 grms.) *castor-oil*. (Osgowski, report of Drzewiecki, cor. ed., *Nowiny Lekarskie*, March, 1893.)

Editorials.

ALCOHOLIC INEBRIETY.

Our accomplished editor on Inebriety, Dr. Norman Kerr, of London, in a communication to the editorial department, writes as follows:—

"The attention of the medical profession and of the general public has been specially called to the alleged increase of inebriety among women, particularly in England. This important topic has been treated of in a mass of correspondence in the columns of a widely-circulated London daily journal, the *Daily Telegraph*. Prominence has also been given to it in medical journals. In a series of articles in the *British Medical Journal* and other publications the question has been moderately and dispassionately considered. Twenty years ago it was rare to see a woman drinking at the bar of a public-house in Britain. Now it is a common sight. At an inquest held recently in London, on the body of a woman who had died suddenly on the threshold of her home, after returning from a public-house where she had gone for liquor by 6 o'clock in the morning, I had occasion to testify that I had never seen so much female drunkenness before. Morning, noon, and night such houses had been thronged, largely by women, many with infants at the breast, who were treated by the wretched mothers to sips of rum or gin. On the streets were groups of from three to six women (many of them young) going about from public-house to public-house, to expend in liquor all the money they could jointly provide for their weekly dissipation. The coroner, Danford Thomas, in confirming this evidence, said that he had lately held an increased number of inquests on intemperate females. In London, during 1891, there had been an increase of five hundred apprehensions of females for drunkenness. In Glasgow (*British Medical Journal*, October 1, 1892) there were 10,500 women arrested for drunkenness and allied offenses in one year. Four thousand women were responsible for this long tale of convictions, no fewer than four hundred and fifty of whom having been sent to jail for from six to thirty-four separate terms. Of some female inebriates in England and Ireland, there had been hundreds of drunken commitments. Of criminals convicted over ten times (these are chiefly habitual drunkards), the women in England and Wales were, in 1884, three times as many as the men. In other ranks of life drunkenness (often secret among the cultured and the wealthy) has also markedly increased. In many other countries, though England surpasses all other lands in this shocking pre-eminence, there has also been a similar increase.

"J. D. Crothers, of Hartford (*British Medical Journal*, December 11, 1892), does not think that indulgence among women has progressed in America, but this is not in accord with my own experience. For one drunken woman in the United States whom I knew thirty years ago, I now know at least twenty; and of later years women in some parts of America have broken fresh ground for inebriety by the inordinate consumption of strongly spirituous preparations of ginger. Apart, however, from the mere number of drunken women, there can be little doubt that the proportion of intemperate females who may fairly be regarded as diseased individuals

has largely increased. This is a more serious matter. The inhibitory power of such sufferers has been practically lost, and compulsory seclusion, with appropriate treatment, is essential to a cure in the majority of cases." Food for thought.

EXANTHEMATOUS TYPHUS.

A NOTE has just been presented to the Paris Academy of Medicine by Dr. Dujardin-Beaumetz, in the names of Drs. Dubief and Bruhl, of that city, upon a diplococcus, which these physicians have observed in patients dying from exanthematous typhus. Their labors were based upon nine cases, with six autopsies. In all they observed, in the peripheral blood and in the spleen, a micro-organism to which they propose to give the name of *diplococcus exanthematicus.* This microbe is rarely found in the blood and spleen, and it is difficult to obtain cultures of it if obtained from these media. It is the contrary if they be taken from the respiratory organs, which are the exact seat of the fundamental lesions of exanthematous typhus. In all the autopsies the authors were able to confirm the presence of these micro-organisms, often in great abundance in the nasal fossæ, pharynx, larynx, and in those special foci of pneumonia which are never absent in typhus. From these organs the microbe was easily isolated and cultivated in a pure state.

These observations appear to explain many of the phenomena, the intensity of the respiratory symptoms, and the extreme contagiousness of the disease, since the microbe is found in great numbers in the mucus expectorated.

Speaking of the contagion of the disease, Professor Kelsch, of Algiers, states that he has frequently observed, in Algeria, that in the course of epidemics provoked by the starved natives the greatest quota to the disease was contributed by surrounding individuals who were robust and healthy. To explain this anomaly it must be admitted that the germs exist in all individuals in a latent state, and that, inoffensive until by reason of conditions determined by various causes (of which poverty appears to be the principal one), a pathogenic action is set up, furnishing an excellent soil for the development of an epidemic.

The character of the contagiousness of the affection is, to a degree, shown by a series of cases described by M. Bucquoy, who, many years ago, witnessed an epidemic in Amiens. A prisoner taken from the city prison was brought before the police-court for examination, the latter lasting about an hour. Including judges, clerks, guards, and gendarmes, fifteen people in all were present. A few days later the prison became the seat of a sharp epidemic of exanthematous typhus. The entire city of Amiens was free from the scourge with the exception of the *fifteen individuals who had been near the prisoner in court.* So seriously were these affected that *one-half* of their number died.

The energy with which the French authorities disinfect foci of contagion is shown by the report of our eminent corresponding editor, Dr. de Pietra Santa, published in the form of an original article in this number.

Monographs Received.

The editor acknowledges with thanks the receipt of the following monographs:—

Unusual Mode of Transmission in a Case of Dermatitis Venentata, by *J. Abbott Cantrell*, Philadelphia.——Irritation from the Local Use of Iodoform, by *J. Abbott Cantrell*, Philadelphia. ——A Case of Eczema with Urticaria as a Complication, by *J. Abbott Cantrell*, Philadelphia. ——Psoriasis and Syphilis, by *J. Abbott Cantrell*, Philadelphia.——Geneeskundig Jaarverslag betreffende den Gezondheidstoestand bij de Koninklijke Nederlandsche Marine gedurende 1890, by *F. J. Van Leent*, Amsterdam.——Divorzio e Scienza Antropologica, by *A. Zuccarelli*, Naples.——Degenerazione, Pazzia e Delitto a proposito di un fatto delittuoso, by *A. Zuccarelli*, Naples.——An Outline of the Technique of Abdominal and Pelvic Operations, by *W. Easterly Ashton*, Philadelphia.——Fiftieth Annual Report of the Managers of the Utica State Hospital at Utica, for the year ending September 30, 1892.——Concideraciones sobre dos Casos de Anemia por Ankylostoma Duodenale, by *J. B. Agnoli*, Lima.——The Use of the Galvano-Cautery in Ophthalmic and Laryngeal Surgery, by *Robert D. Gibson*, Youngstown.——A Résumé of some Modern Methods of Diagnosis of Diseases of the Stomach, by *D. D. Stewart*, Philadelphia.——A Consideration of some Modern Therapeutic Agents in the Treatment of Diseases of the Stomach, by *David D. Stewart*, Philadelphia.——Relatorio apresentado ao Cidadao Ministro dos Negocios do Interior, by *Domingos José Freire*, Rio de Janeiro.——Traumatic Synovitis of Knee-Joint with Hæmorrhage into Joint-Cavity; Four Ounces of Blood Encapsuled Sixteen Months, by *F. C. Schaefer*, Chicago.——Brain Surgery: Injury received Five Years ago, followed Three Years later by Convulsions and Paralysis; Blood-clot found under the Dura Mater and Removed; Patient Improving, by *F. C. Schaefer*, Chicago.——Skin-Grafting upon the Cranium, by *Frederick C. Schaefer*, Chicago.——L'Intoxication Alcoolique; Maladie Endémique, sa Prophylaxie, by *Dr. Lardier*, Rambervillers (Vosges).——An Operation for the Radical Cure of Stricture of the Lachrymal Duct with Description of a Stricturotome, by *Charles Hermon Thomas*, Philadelphia.——La Ginnastica egli Esercizi Fisici dal Punto di Vista dell' Igiene, by *Alfonso Montefusco*, Napoli.——On Diseases of the Pancreas, by *Ernest F. Neve*, Kashmir, India.——Glandular Tuberculosis and its Operative Treatment, by *Ernest F. Neve*, Kashmir, India.——Leprosy in Kashmir, by *Ernest F. Neve*, Kashmir, India.——Bone and Joint Disease, a Sequel of Certain Specific Fevers, Especially Small-pox, by *Ernest F. Neve*, Kashmir, India.——Irrigation of the Deep Urethra and Bladder by Posture and Continuous Current, without Catheterization, by *B. H. Daggett*, Buffalo, N. Y.——Excision of Cancer of the Rectum, by *Andrew J. McCosh*, New York.——Un Caso de Extirpación Total de la Laringe, by *Ramon de la Sota y Lastra*, Madrid.——Zur Behandlung der paraauricularen Abscesse und der acuten Mittelohreiterung, by *C. Ziem*, Danzig.——Contribution à l'Etude de l'Hydrorrhée nasale, by *L. Lichtwitz*, Bordeaux.——Some Experiments with Modified Tuberculin, by *Joseph Eichberg*, Cincinnati.——The Treatment of Tuberculous Laryngitis with Modified Tuberculin, by *Max Thorner*, Cincinnati.——Chronic Urethritis, by *R. W. Stewart*, Pittsburgh.——Trional and Tetronal, by *Wm. Mabon*, Utica.——Of the Surgical Operation Performed at the State Hospital for the Insane, for the Southeastern District of Pennsylvania; Resolution of Board of Public Charities, etc.——Ueber Diphtherie, by *O. Heubner*.——A Case of Raynaud's Disease and Some Points in its Pathology, by *A. Haig*, London.——Gout of the Intestines, by *A. Haig*, London.——A Case of Hereditary Syphilitic Pemphigus, by *James M. Brown*, Philadelphia.——Senn's Great Surgical Clinics at the Rush Medical College, Chicago, by *G. Wiley Broome*, St. Louis.——Some Considerations in Reference to Uterine Hemorrhage, Puerperal and Non-Puerperal, by *A. Vander Veer*, Albany, N. Y.——Clinical Reports on Insanity by the Medical Staff of the Maryland Hospital for the Insane.——Nochmals die sog. Tornwaldt'sche Krankheit und die Palpation des Nasenrachenraumes, by *C. Ziem*, Danzig——Arterial Saline Infusion, by *Robert H. M. Dawbarn*, New York.——A Case of Fibrous Epithelioma at the Root of the Tongue, by *Jonathan Wright*, Brooklyn.——A Case of Abductor Paralysis of Both Vocal Cords, by *Jonathan Wright*, Brooklyn.——Achillodynia, by *Augustus A. Eshner*, Philadelphia.——Intercolonial Medical Congress of Australasia: Section of Anatomy, Physiology, Pathology, and Pharmacology; President's Address by *H. B. Allen*, Melbourne. ——Post-partum Eclampsia; Report of a Case; Recovery, by *Elmer E. Keiser*, Tacony, Philadelphia.——Capillary Fibromata of the Larynx in Childhood, with the Exhibition of a Patient,

by *J. E. Boylan*, Cincinnati.——Herpes of the Buccal Mucous Membrane, with Presentation of a Patient, by *J. E. Boylan*, Cincinnati.——Character, the True Test of the Physician, by *J. W. Long*, Randleman, N. C.——Is Evolution Trying to Do Away with the Clitoris? by *Robert T. Morris*, New York.——Syringomyelia, by *J. T. Eskridge*, Denver, Colorado.——A Clinico-Pathological Study of Injuries of the Head, with Special Reference to Lesions of the Brain-Substance, by *Charles Phelps*, New York.——Colorado State Medical Society; Twenty-second Annual Convention, 1892.——A Topical Treatment of Bronchitis, by *Edwin J. Kuh*, Chicago.——Supra-vaginal Hysterectomy. Cases of Chronic Ovarian Abscess. Drainage in Abdominal Surgery, by *B. F. Baer*, Philadelphia.——Traumatic Myelitis, by *J. T. Eskridge*, Denver, Col. ——Report of Cases of Moral Imbecility, of the Opium Habit, and of Feigning, in which Forgery is the Offense Committed, by *J. T. Eskridge*, Denver, Col.——A Case of Raynaud's Disease, with Paroxysmal Hæmoglobinuria, by *A. Haig*, London.——Rheumatic Throat Affections, by *Max Thorner*, Cincinnati.——A Clinical Study of Eleven Cases of Asiatic Cholera Treated by Hypodermoclysis and Enteroclysis, by *Judson Daland*, Philadelphia.——Public Health Circulars issued by the Philadelphia Board of Health; Influence of Milk in Spreading Disease; Reports of the Sanitary Committee and of Dr. E. O. Shakespeare, Port Physician. ——Note sur quelques Points de l'Anatomie chirurgicale de la Caisse du Tympan, by *Hamon du Fougeray*; Trans.——La dernière Phase de l'Eclairage électrique dans le Diagnostic de l'Empyème mascillaire, by *Ziem*, Danzig.——Intubation for Stenosis of the Larynx in a Boy Twelve Years Old, by *Charles H. Knight*.——Ueber das Volumen der rothen und weissen Blutkörperchen in Blute des gesunden und kranken Menschen, by *Judson Daland*, Philadelphia. ——Ueber das Verbrennen der Abgänge bei Cholera, sowie der Küchenab fällé, by *Ziem*, Danzig.——Ueber äussere Anwendung von Canthariden bei Lasen-und Hals krankheiten, by *C. Ziem*, Danzig.——Ueber eine durch Operation geheilte, ungewöhnlich grosse Lebercyste, by *Carl Bayer*.——Fracture of the Skull from the Discharge of a Shotgun into the Left Orbit, by *Wyatt Johnston*, Montreal.——Case of Lymphangioma, by *M. J. Epstein*.——The Prophylaxis of Gonorrhœa, by *Edward Martin*, Philadelphia.——The Commoner Fractures of Children, and their Treatment, by *Edward Martin* and *Ellwood Kirby*, Philadelphia.——Epididymitis Caused by Abdominal Strain, by *Edward Martin*, Philadelphia.——Entrance of Air into Veins, by *Edward Martin*, Philadelphia.——Gonorrhœal Epididymitis, by *Edward Martin*, Philadelphia.——Experiments to Determine the Value of Oxygen in the Resuscitation of Animals Poisoned by CO or Ordinary Coal-Gas, by *H. A Hare* and *Edward Martin*, Philadelphia.——Vulvo-Vaginitis in Children, by *Edward Martin*, Philadelphia.——The Necessity for Early Recognition and Treatment of Suppurative Diseases of the Tympanum, and their Relation to Cerebral Complications, by *S. MacCuen Smith*, Philadelphia.——The Radical Cure of Aural Polypi, by *S. 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Noble*, Philadelphia.——Osteitis Deformans (Paget), with Report of Two Cases, by *Henry Ling Taylor*, New York.——Remarks on the Management of Suppuration, Complicating Tuberculous Disease of the Bones and Joints, by *Henry Ling Taylor*, New York.——Two Cases of a Peculiar Type of Primary Crural Asymmetry, by *Henry Ling Taylor*, New York.——The Treatment of Club-Foot by Continuous Leverage, by *Henry Ling Taylor*, New York.——Adjusted Locomotion in the Treatment of the Recovering Stage of Hip-Joint Disease, by *Henry Ling Taylor*, New York.——The Treatment of Lateral Curvature of the Spine, by *Henry Ling Taylor*, New York.——The Value of Mechanical Treatment in Old and Neglected Cases of Pott's Disease, by *Henry Ling Taylor*, New York. ——Cholera: its Prevention and Treatment, by *Elmer Lee*, Chicago.——Hydrogen Peroxide in Contageous Diseases, by *Cyrus Edson*, New York.——Cremation and its Importance in Cholera, by *Robert Newman*, New York.——The Present Status of Electrolysis in the Treatment of Urethral Strictures, by *Robert Newman*, New York.——Diathetic Maladies and their Dosimetric Treatment, by *Adolph Burggraeve*, New York.——Report of the Kensington Hospital for Women, from October 12, 1891, to October 10, 1892, by *Charles P. Noble*, Philadelphia.——Forty-fourth Annual Report of St. Joseph's Hospital, by *Robert B. Cruice*, Philadelphia.——Reports, Friends' Asylum for the Insane, 1893, by *John C. Hall*, Frankford, Philadelphia.——A Standard Dictionary of the English Language. Prospectus, *Funk and Wagnall's Co.*, New York.

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(Continued on page 15.)

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Pneumotomy in Abscess of the Lung.—J. J. MATIGNON, of Bordeaux, has made some observations upon a case of pneumotomy for abscess of the lung, which are of practical interest.

He describes the condition of a young man who kept on wet clothes, after falling into the water while perspiring, in July, 1889. The patient felt a distinct chill while in the water, and a week after this exposure he was attacked with a stitch in his right side and had fever. Frequent relapses occurred from imprudence on his part. Aspiration of the chest was resorted to, with injection of eucalyptus-oil. On January 27, 1891, Baudrimont performed pneumotomy for abscess of the lung. The cavity was washed out with a solution of boric acid, and powdered iodoform was dusted into it. The wound was dressed with gauze and a bandage. Six months later the patient was examined and declared to be well.—*Journal de médecine de Bordeaux*, February 19, 1893.

Antiseptic Intra-pleural Injections.—SARRONY has employed antiseptic intra-pleural injections for the treatment of thickening of the pleura with marked benefit. He uses an injection of 20 grammes (5 drachms) of liquor of Van Swieten in acute pleurisy after performing thoracentesis. In serofibrinous pleurisies the same method has been attended with remarkably good

results. In purulent and encysted pleurisies, and in cases where resolution or absorption cannot be expected, this form of injection is advised.

Another injection has been employed, consisting of iodine 1 gramme (15 grains), iodide of potash 4 grammes (1 drachm), distilled water 35 grammes (9 drachms), which is used daily and continued for eight or ten days. But this is not attended with such satisfactory effects, in the arrest of the pleural trouble, as the injection of Van Swieten's liquor in quantities ranging from 5 to 35 grammes (1¼ to 9 drachms).—*Journal de médecine et de chirurgie pratiques*, March 10, 1893.

Renal and Cardiac Hydrothorax.—Cases of renal and cardiac hydrothorax are reported by DANZAC, in which he claims that thoracentesis afforded prompt relief. He attributes the recovery in two cases to this procedure. The first case was double hydrothorax due to heart trouble, and accompanied by inability to breathe except in an upright position. On each occasion when thoracentesis was performed the dyspnœa ceased immediately, and the man survived an entire year. The second case presented ascites with double hydrothorax, followed by uræmic coma. The puncture of the chest was followed by the same relief as in the other case, and the patient continued better for some months.—*Journal de médecine de Bordeaux*, March 5, 1893.

Intra-pulmonary Injections in Pulmonary Tuberculosis.—GALLET condemns the surgical treatment of pulmonary tuberculosis, and objects to antiseptic washes or injections into the parenchyma of the lung, considering them not only useless but dangerous measures.—*La pratique* médicale, March 14, 1893.

The Semeiology of Pleurisy.—JACCOUD, in treating of the semeiology of pleurisy, refers to pleural adhesions and also to thoracentesis. He describes the region of Traube, of a semilunar shape on the lower part of the left side of the chest, as the proper place to introduce a trocar, so as to avoid adhesions of the diaphragm, pleura, and abdominal cavity. He finds it above the fifth or sixth left costal cartilage, extending behind to the anterior extremity of the ninth or tenth rib. He considers that adhesions are avoided in the anterior portion of the thorax better than in any other part.—*Gazette des hôpitaux*, September, 1892.

Purulent Pleurisy Opening in the Lumbar Region.—DUBREUILH, of Montpellier Hospital, reports a case of purulent pleurisy opening in the lumbar region. A young man presented an empyema, which migrated to the ileo-costal space on the left side, and the lumbar abscess was opened by an incision one and one-half centimetres (⅝ inch) in length, discharging a litre (quart) of sero-sanguinolent fluid. It was washed out with boric-acid solution and packed with gauze.—*Gazette médicale de Paris*, December 10, 1892.

Excision of an Hydatid Cyst of the Lung.—DELAGÉNIÈRE reports a successful case of this character. A large opening in the chest-wall was made, and a portion of the sixth, seventh, and eighth ribs was resected; the cyst was then easily stripped away.—*La Semaine Médicale*, June 10, 1893.

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Vaginal Incision for Pelvic Abscess.—VULLIET asserts that he has not resorted to either hysterectomy or abdominal section during the last two years for pelvic suppuration, but in eighteen cases has adopted the method of Landau, and without accident, loss, or relapse. Pus-sacs in the pelvis can be evacuated as elsewhere, and by ordinary means, such as puncture, incision, washing, and drainage. In large sacs he incises the most projecting point, as the purulent sacs of ordinary salpingitis are found bound close to the uterus by a series of adhesions. The same disinfection is practiced as in hysterectomy or section; the patient is placed in the sacro-dorsal position, the physician standing on the side to be punctured, with the leg resting on his shoulder, and body and pelvis inclined to the opposite side, which relaxes the abdomen and allows the parts to be better explored. By minute palpation externally and internally he determines the presence of collections, and as the assistant places his hand externally the trocar is plunged into the tumefaction through the vagina. The continued external pressure completes the expulsion of the fluid through the tube. If no liquid appears, another puncture is made. He punctures again at the end of ten or twelve days if the liquid has re-accumulated, and follows this evacuation by injecting 5 to 10 cubic centimetres ($1\frac{1}{4}$ to $2\frac{1}{2}$ drachms) of a 1–1000 sublimate solution, moving it about until it comes in contact with the entire sac-wall. If the fluid returns the third or fourth time, he then incises the sac and tampons it with iodoform gauze, and uses for this purpose a knife like a urethrotome, which terminates on the side opposite the blade by a little covered ring, which adapts itself upon the trocar. When the pus flows, the plug of the trocar is closed, and the knife slipped upon the trocar until it is in the sac. It is important to guide the blade so as to save the region of the vessels, which can be determined by pulsation. In but three of the eighteen cases reported did he resort to incision and drainage, and they, like the others, were cured. He objects to Doléris's plan of dilatation and tampon of the uterus, and says that such therapeutic measures are neither prudent nor efficacious, as that organ should not be disturbed when there is pus in the annexes. Hysterectomy and abdominal section should be confined to special cases.—*Gazette médicale de Paris*, October 29, 1892.

Strangulated Hernia Containing a Fallopian Tube.—LEJARS reports a case of strangulated inguinal hernia, in which the sac when opened contained no omentum or intestine, but a small quantity of reddish, fatty fluid and the fimbriated extremity of the Fallopian tube. Pus escaped from its ostium and the entire tube was sloughing. It was not until the internal ring was divided that the tube could be drawn forward and its proximal strangulated portion brought to light. Healthy tissue was secured by catgut and the mucosa touched with the cautery, in order to destroy septic germs. The

stump was permitted to slip back into the abdominal cavity. The bladder was wounded in dissecting away the sac, and was followed by urinary fistula which continued for some time. Lejars has collected eleven cases of hernia of the Fallopian tube alone. Tubo-ovarian herniæ are almost always inguinal, while the tubal are generally femoral. The youngest case was aged 36 and the oldest 70, which contradicts the theory formerly held, that such conditions were congenital.—*Revue de Chirurgie*, January, 1893.

The Origin of Ovarian Cysts.—PILLIET says the study of tumors of the ovary or any other organ is based upon a rule formulated by J. Müller in 1838, as follows: The tissue that forms a tumor has its cyst in the tissue of the organism in the embryonic state or complete development; consequently, a given organ can theoretically present as many different types of tumors as it contains tissues. It is well known that tumors are histologically mixed, but in practice we designate a tumor by the name of its predominating tissue. Hence, in the study of a tumor we first investigate the tissues which compose it, and then seek in the organ for its original tissue. This is difficult, for the reason that the tissue may have existed in the tissue of the organ in the embryonic state, leaving no vestiges in the adult. The principal variety of tumors met in the ovary are the mucoids, muco-dermoids, and dermoids. The former are most numerous. They were formerly supposed to be derived from dilated follicles. The *follicular* theory was discarded later, and the neoplastic theory accepted as *the origin* of many cysts, supposing them to be closely related to cancer. Fox concluded from his investigations that cystic tumors of the ovary were developed at the expense of the tubes of Pflüger. This theory was confirmed by Waldeyer. Malassez and de Sinéty ascribe the mucoid cysts of the ovary to the class of cystic papillomata, and say that the new formation is not found in the epithelium or differentiated from the tubes of Pflüger, but in the germinal epithelium itself. The invaginations of this epithelium, which covers the ovary, will not give the tubes of Pflüger, but at the first outset epithelial vegetations. These growths may be paucilocular, multilocular, or alveolar. We now adopt an epithelial involution similar to the development of epithelial cancer in the adult, to the exclusion of all other theories. The cells of the cyst are multiplied by development of vegetating germs and fully become cysts, when their epithelium is different and secretes mucus. The cyst-walls increase with the individual who carries it, and become thinned and disappear, while the number of cells diminishes. The epithelia lining the internal wall present a number of cellular types, of which the most predominant are the calciform and cylindrical, with or without ciliæ. Sometimes the ovary is found as a thinned plate in the depths of the largest sac. These tumors can attain an enormous size, while they generally give place to generalizations which characterize cancer. As the tumors increase we see full, epithelial, new formations having the form of cords or alveolar masses. The epithelial cells remain small and cup-like, and do not evolve toward the adult type. They sink into the connective tissue and intersperse themselves between its fibres, and finally produce a cancerous point similar to what occurs in the cancerous stomach in the depth of the muscular coat

of that organ. On the internal surface of the cystic sac exists an epithelial cell vegetation which is epitheliomatous and already ulcerated, and there are secondary points in the wall. These secondary foci in multiplying come in contact with the serous or peritoneal coat and ulcerate it, when there develops at the eroded point a cancerous point, often papillary. We have then infection made by grafting by a veritable auto-inoculation. The cancerous *débris* can fall into the pelvis, inoculating the tissues there.

Muco-dermoid cysts, says Poupinel, present a large number of varieties, from the mucoid cyst which carries a small, cutaneous plate in one of its sacs, to the cyst with hair, or teeth and hair, which accompanies mucoid cysts, or which presents mucoid portions in its principal sac. Sometimes the two elements enter equally into its constitution. Thus, we can have three types,—first, those in which the mucoid predominate; second, those in which the two elements are equally balanced; and, third, the dermoid. In these structures may be found cartilage, bone, muscular striated fibres, and nervous tissue. The only tissue which can give rise to these growths in the ovary is the ovule.

Dermoids in the ovary are similar to those occurring in other organs containing hair, or teeth and hair. The internal lining membrane is cutaneous. The dermoids of the ovary differ from those in other parts, which is explained by the theory of inclusion or pressure, as a cyst developed in the middle of the ovary can be explained neither by pressure nor by inclusion. The dermoid cyst is smaller than the mucoid, and can be formed by a single sac or successive sacs. A sac that is covered on the inside by skin presents a projecting point, a veritable papilla, from which comes a bunch of hair, or one or two teeth, or a maxillary bone more or less developed. Instead of the simple papillary, the principal point of the cyst is constituted by bone more or less recognizable, or by a formation recalling more or less an embryo without placenta or cord, in which the different parts are dispersed as if the plan of the organism were wrong. These are embryonic cysts. Such tumors may also become cancerous. Dermoid cysts depend only on unequal segmentation, without plan or formation, of one or several ovules included in the ovary. In conclusion, he says the three groups of cystic teratomes of the ovary are closely related to each other by all the possible formations of transition, possess similar general characteristics, and can suffer the same degeneration. They have been attributed to parthenogenesis. The question is whether science authorizes us to admit the segmentation of the ovule that is still situated in the ovary and has not undergone fecundation. In the lower animals we know that certain kinds of plant-lice exist essentially in the fact that the animals are born during the course of a season of successive generations, which are produced without fecundation. After a certain time fecundation is necessary to renew the species. In the higher animals we designate, under the name of parthenogenesis, the phenomena which accompanies segmentation without fecundation of the ovule. Morel, of Strasbourg, says that the segmentation of the vitellus, which in the fecundated egg is the point of departure of the metamorphosis which produces the embryon, does not necessarily result from the contact

of the male and female germs. He says that, in examining hypertrophied vesicles of Graaf, in women dead from puerperal peritonitis eight or ten days after confinement, he has found seven ovules, measuring from one-tenth to one-seventh millimetre, in which segmentation was as clearly drawn as in the fecundated egg. The cells of the blastoderm had already undergone fatty metamorphosis. Some were reduced to adipose cells. In other ovules the contents were completely transformed into a fatty mass. Duval has shown that segmentation without fecundation is a common fact in the egg of the hen; consequently, the ovarian teratomes result from phenomena of ovular divisions in excess, and will be governed by heredity. This accounts for the frequent bilaterality of the tumors.—*La tribune médicale*, February 23, 1893.

Ovariotomy in Children.—ALDIBERT, of Paris, divides the consideration of ovariotomy in children into two parts: first, interference against cysts of the ovary; second, against ovarian tumors, properly speaking. Researches have shown that the greater majority of tumors in children are dermoid. A frequent form of congenital cyst found in children is that of dropsy of the Graafian follicle. These may be observed before birth. Patients will not suffer the same inconvenience from pressure in the pelvis as is found in similar tumors in the adult,—due, probably, to the reason that the tumor is carried in the abdominal cavity rather than in the pelvis. Tumors rarely fluctuating present greater resistance than in the adult, owing to the fact that the larger number of them belong to the class of dermoids. The dermoids are exceedingly mobile, and change position from side to side, according to the decubitus of the child. It would be well to make examination under chloroform when it should be done through the rectum. Cysts not infrequently grow rapidly; the increase in the size of the abdomen is accompanied with marked respiratory trouble. Torsion of the pedicle and rupture of the cyst are not infrequent. Beale reports a case, in which the child was only 6 weeks old, where the cyst ruptured, and was followed by fatal peritonitis. Presence of these cysts increases the rapidity with which puberty occurs. Diagnosis is frequently attended with great difficulty. Growths have been mistaken for sarcomata of the kidney, hydatid of the liver, and tubercular peritonitis. The possibility of premature pregnancy should always be kept in mind. These tumors occur with greater frequency at or near puberty. The younger the individual, the greater is the mortality likely to be after operative interference. Of 42 cases reported there were 5 deaths,—a mortality of 11.9 per cent. In children between 1½ to 3 years, out of 5 cases 4 were fatal,—a mortality of 80 per cent.; while between the ages of 4 and 12 there was only 1 death, or a mortality of 2.7 per cent. —*Annales de gynécologie et d'obstétrique*, March 11, 1893.

Diagnosis of Ovarian and Parovarian Cysts.—TILLEAUX, of Paris, says that the ovarian cyst at first is always unilocular, and from the wall of the primary cyst appears a secondary, which projects into its cavity, sometimes externally. In this way a number of secondary cysts may develop, leaving the tumor later to present the appearance of an absolutely

vegetating mass. A unilocular cyst is everywhere smooth, presenting a uniform, absolutely regular surface. Fluctuation is universal. If, upon palpation, you can observe irregularities of surface or differences of consistency, it is safe to conclude that it is a multilocular cyst, and in their absence that it is unilocular. We cannot be too positive in this, as a secondary cyst may escape the most minute examination. In cyst of the ovary and the parovarian cyst, the former is always pediculated. The pedicle is constituted either by the ovary itself or the ligament of the ovary. As the tumor increases in size it comes in contact with the abdominal wall, and upon incision we perceive its white, shining, pearly surface. The broad ligament is practically a closed sac above, open below, and continuous with the peritoneum that covers the pelvic floor, and also with the parietal peritoneum. A tumor developing between two leaves of the broad ligament, as it develops, unfolds these leaves, forcing them back more or less, and always remains an encapsulated tumor. In incising the abdomen in such a case, we do not see the pearly, glistening appearance, but only the surface of the broad ligament. The parovarian cyst is generally sessile. Exceptionally it can be pediculated, when the pedicle is constituted at the expense of the overdistended serous folds. The parovarian cyst is always unilocular and somewhat flabby, presents a sensation which recalls the quivering of the hydatid. They are generally smaller than the ovarian tumors.—*Annales de gynécologie et d'obstétrique*, March, 1893.

Germany.

PROF. E. E. MONTGOMERY,
REDACTEUR DER ABTHEILUNG FÜR KRANKH. D. UTERUS, ETC.; STÖRUNG. D. MONATL KRANKH. D. OVARIEN U. TUBEN.

Alle Bücher, Thesen, Separatabdrücke, etc., über die obenerwähnte Gegenstände, in deutscher Sprache erscheinend, solten Herrn PROF. E. E. MONTGOMERY, 1818 Arch St., Philadelphia, U. S. A. zugesandt werden.

Passage of the Sound through the Uterus.—JACOBS, in operating upon a woman, 36 years of age, subject to chronic endometritis, introduced the sound cautiously and found that it passed upward to its hilt. The point could be plainly felt under the parietes. As no force was used, he concluded that it had passed through an old metroperitoneal fistula. It was withdrawn and passed in the lateral direction, when the uterine cavity was found three and one-fourth inches long. The uterus was packed with iodoform gauze; no fever or other evil result followed. The opening, however, persisted. Walton believed that in this case the sound passed through a dilated Fallopian tube. The writer in two instances has punctured the uterus in passing uterine bougies; in one the abdomen was opened and the opening sutured. In the other the uterus was packed with iodoform gauze. The puncture did not affect the subsequent convalescence in either case. A patient came under observation some years ago, in whom the sound could be passed through, apparently, the anterior wall of the uterus whenever it was introduced in a certain direction. This patient experienced no inconvenience from it.—*Centralblatt f. Gynäkologie*, No. 4, 1893.

Great Britain.

PROF. J. MCFADDEN GASTON,
EDITOR OF THE DEPARTMENT OF SURGERY OF THE THORAX.

All books, theses, monographs, etc., upon the above subject should be sent to
PROF. J. MCFADDEN GASTON,
1½ Edgewood Ave.,
Atlanta, Georgia, U. S. A.

Treatment of Pulsating Pleurisy and Pneumothorax.—ERNEST ROWELL WATKINS, of Nottingham, has practiced paracentesis of the chest in cases of pulsating pleurisy and pneumothorax with good effect. In the case of a girl 18 years old, who had strained herself by lifting a box, there was a sensation of something having given way and pain in the side and back. After various measures of treatment a distinct pulsation or heaving was noticed in the thoracic parietes, and the hand, when placed on the left side, was forcibly lifted at each pulsation. Ten ounces of pus were removed from below the inferior angle of the left scapula, and a drainage-tube inserted with ultimate complete relief.

Another case, a clerk aged 26, had "wrenched his insides" and the pains were referred to the left side. Signs of great intra-thoracic pressure followed, and the left side was distended, with the heart pressed over to the right. The chest was punctured and a quantity of air came away with twelve ounces of fluid. From this time the patient improved, and the breath-sounds could be distinctly heard back and front.—*Lancet, January* 21, 1893.

Estlander's Operation in Empyema.—SIR WILLIAM STOKES, in treating of the conditions under which empyema is developed, states that the results of the experience derived from the cases operated on in Dublin would tend to show that ultimately Estlander's operation will be deemed applicable to a much larger range of cases than at present. He considered it an important matter to determine the point where the opening into the cavity of the pleura should be. He thinks that situated over the ninth rib, recommended by Godlee, is perilously near the diaphragm. He approved of flushing the pleura both during and subsequent to the operation.

In discussing the views of Stokes, it was stated by Heuston that Estlander's operation was required only in cases of very long standing, where there was a space which could not be occluded unless the chest-wall were allowed to adapt itself to the collapsed lung. He turned the flap of periosteum over the end of the rib, where it had been cut across, and this hindered the absorption of the discharge by the cancellated bony tissue, and thus avoided pyæmia.—*Dublin Journal of Medical Science*, December, 1892.

An Interesting Case of Empyema.—BARLOW reports an interesting case of empyema in his service in the children's ward of the University College Hospital. A boy, aged 11 months, had suffered with a bad throat, with swelling of the neck, discharge from the nose, and trouble of his ears. He was admitted into the hospital with a temperature of 104° F., uttering short cries, breathing quickly, and catching his breath,—indications of pneumonia. The upper two-thirds of the right lung were dull, with bronchial breathing and bronchophonic resonance, and the rest of the side gave defective

resonance, with rather weak breath-sound. A large hypodermatic needle was inserted near the angle of the right scapula, and soon this fluid withdrawn. Under the microscope many pus-cells were seen, and afterward the presence of micrococci, diplococci, and a few small chains were found. Two days subsequently a free opening was made into the chest, with the removal of a small piece of the ninth rib, and then seven ounces of fluid escaped, and five days later shaggy lymph came out.—*The Clinical Journal*, December 21, 1892.

Surgery of the Thorax.—RICKMAN J. GODLEE, of Brompton, England, in an address before the British Medical Association, presents points of interest on the surgery of the thorax. As to the site of election for incision in empyema, no position is so good, in his opinion, as that opposite the ninth rib, just outside the angle of the scapula. If the chest be very full, a good plan is to place the patient well over on the diseased side,—semi-prone, in fact. It will then be found quite easy to reach the ninth rib outside the scapular line by standing behind. The time of removing the tube depends upon the amount and character of the discharge. If the tube should have slipped in through an anterior opening, the original opening should first be enlarged; and, if not found, it may be necessary to make a posterior incision for its removal. Double empyema is not so rare as might be supposed. The greater number of pulmonary abscesses encountered by him are bronchiectases, and the treatment has not been very successful.—*The British Medical Journal*, October 15, 1892.

A Case of Traumatic Hernia of the Lung.—E. MASSART, of Honfleur, records a case of traumatic hernia of the lung. It occurred in a robust, healthy man, 38 years of age, as the result of a stab wound in the seventh left intercostal space, a little behind the anterior axillary line. The protruding lung formed a swelling in the wound of the size of half a hen's egg; it was smooth, of a rosy color, irreducible, crepitating under the finger, and not altered in size by the movements of respiration. The wound had occurred fourteen hours before seen, and the patient complained of severe pain in the part, and his respiration was short, rapid, and embarrassed. The base of the tumor was transfixed with a needle carrying a double strand of catgut, with which it was tied in two pieces. The projecting mass was then cut away and the stump was reduced into the pleural cavity. The external wound was closed, and rigid antiseptic treatment carried out. The man made an excellent recovery, without either pleurisy or pneumonia.—*The Lancet*, December 3, 1892.

A Case of Penetrating Wound of the Pericardium, with Recovery.—J. E. BOCANO, of Hyderabad, reports a case of penetrating wound of the pericardium, with recovery. A man, aged 42, was gored by an ox in the chest. The wound was situated in front of the chest, some two inches to the left of the lower third of the middle piece of the sternum. A triangular flap of integument, measuring about two inches at the free margins and two and a half inches at its base, was reflected upward and outward in the direction of the left shoulder, exposing a deep wound, which involved the soft tissues,

the cartilage of the fifth rib, the pleura, and opened into the cavity of the pericardium. It admitted of a good view of the whole apex of the heart, as it beat in its pericardial sac. The lips of the wound were hermetically sealed with small pieces of lint saturated with Friar's balsam, and over this was placed a "protector," well soaked in carbolic oil, with a padding of cotton and a bandage. The dressings were not removed until the eighth day, when the wound was perfectly healed by first intention.—*Indian Medical Record*, March 1, 1893.

Great Britain.

PROF. E. E. MONTGOMERY,

EDITOR OF THE DEPARTMENT OF DISEASES OF UTERUS, ETC.; MENSTRUATION. DISEASES OF OVARIES AND TUBES.

All books, theses, monographs, etc., upon the above subjects should be sent to

PROF. E. E. MONTGOMERY,
1818 Arch St.,
Philadelphia, U. S. A.

Uterine Hæmorrhage and Cystic Ovaries.—HAWKINS-AMBLER reports a case of prolonged hæmorrhage resulting from cystic ovaries, and says it is as impossible to explain the cause of such a hæmorrhage as to explain menstruation. He attributes the cessation after removal of the ovaries to removal of the nerve-centres, which exist somewhere near the parts removed, and whose influence is transmitted along these structures, either through Johnson's nerve or by the sympathetic, to the vessels. The tubes and ovaries once completely removed, hæmorrhage ceases.—*British Medical Journal* October 29, 1892.

Pregnancy After the Removal of One Ovary and Part of the Other.—SIPPEL reports a double ovariotomy in a woman 30 years of age, who had one child 5 years old and was very anxious for another. The right ovary was converted into a tumor the size of a child's head, and without a trace of normal ovarian tissue. This was removed with its tube. The other ovary was the size of a goose-egg. Along the hilum was a long tract of normal tissue. A clamp was applied above this tract to check hæmorrhage and the diseased part of the ovary cut away; the raw surfaces left were united by means of catgut sutures, while some blood-vessels were tied separately. This healthy part was an inch and a half long and a third of an inch thick; the left tube was undisturbed. Menstruation returned after the operation, and ceased on the 22d of August, 1891; on the 7th of April pregnancy was progressing favorably, and she was safely delivered of a living child.—*British Medical Journal*, February 25, 1893.

The Legitimate Removal of Uterine Appendages.—PLAYFAIR says the removal of the uterine appendages is legitimate (1) in certain cases of hæmorrhagic fibroid attended with very profuse hæmorrhage. If the Fallopian tube is removed, it will not only arrest the hæmorrhage, but the growth of the fibroid itself. The operation in such cases is limited in application, because we cannot apply it to fibroids of very great size or where the ovary is spread over the tumor; or, again, the fibroid may be twisted out of its ordinary position, so as to render it impossible to remove both appendages. 2. It is not legitimate until further means to arrest

hæmorrhage have been tried, as the operation is not without considerable risk. 3. It is justifiable in a class of cases where done for diseased conditions, as in pyosalpinx, hæmatosalpinx, and hydrosalpinx,—conditions that are incurable without operation, and in which the life of the patient is always in danger. In such cases it is simply a question of diagnosis. 4. The operation should not be done in mere neurotic cases. It is a question whether the cases of hystero-epilepsy that have been claimed to have been cured by this operation might not have been relieved by other means. The mortality of the operation is about 8 per cent. In many cases the patients experience as much trouble after as before the operation was performed,—trouble from intestinal adhesions, strangulation and irritation, pain in the seat of the pedicle, and other conditions. In some cases we find patients continue to menstruate; so much so as to leave us in doubt as to whether the appendages have been removed. Sometimes the difficulties are so great that the operation is necessarily incomplete.—*The Clinical Journal*, January 25, 1893.

Ovariotomy with Pregnancy.—FANCOURT BARNES, of London, reports the removal of a multilocular ovarian cyst in which there were adhesions of intestine to almost the whole surface of the cyst and the intestines in a state of acute congestion. The tumor was found to spring from the left side of the uterus, which was enlarged about the size of a four months' pregnancy. The abdomen was washed out with clean, warm water and the wound closed with silver sutures. The patient recovered without interruption of the pregnancy.—*British Gynæcological Journal*, November, 1892.

Pyosalpinx Opening into the Rectum.—VEIT reports two cases of pyosalpinx communicating with the rectum. The first patient had stricture of the rectum close to the site of the perforation. The suppurating tube was removed and the opening in the rectum sutured. Sterilized gauze was introduced into the abdominal wound for drainage. The patient died, seven months later, of phthisis. The second patient had repeated attacks of pelvic peritonitis. Operation was repeatedly deferred; the tubes were distended, and were removed, and the perforation of the bowel found after careful search. The patient died from obscure symptoms, when a circumscribed peritonitis was found in the pelvis,—an encapsulated cavity, which formed a communication with the rectum by a narrow, tortuous, fistulous tract. Veit thinks that this case would have been saved by drainage.—*British Medical Journal*, January 14, 1893.

Double Pyosalpinx.—BUTLER-SMYTHE reports double pyosalpinx, in a woman 26 years of age, in which there was a large, elongated swelling centrally situated, which reached to the umbilicus. This was movable from side to side, but not tender to the touch. The uterus was pushed in front of the tumor, and was distinctly recognized through the abdominal walls. The lower part of the tumor was found in Douglas's pouch. On the left side of the uterus was another fixed swelling, filling the pelvis on that side. The tumors were closely adherent to intestines and omentum, rendering their separation difficult and tedious. They were removed without rupture;

which seems to be the preferable plan, rather than to remove the contents by aspiration, as, when the tumor is once emptied, its landmarks are destroyed and the difficulty of the operation increased. In separating a tumor, use the pulp of the finger as much as possible, and thus endeavor to prevent its laceration and rupture. The patient recovered.—*The Lancet*, January 14, 1893.

Ectopic Gestation in Both Tubes.—WALTER reports a case of tubal gestation in which both tubes were gravid. On opening the peritoneum there was a discharge of a quantity of fatty blood with clots. The uterus was unenlarged; there was a tense cystic swelling, a little larger than a Tangerine orange, felt in the ligament, and a similar one to the right side and behind the uterus. The tumor on the right side proved to be the right Fallopian tube distended with blood. The left mass was found to present in its outer extremity a tear, exposing a firm blood-clot; this was occupied by an apoplectic ovum and tubal mole. The amniotic cavity presented an embryo six centimetres ($2\frac{1}{3}$ inches) in length; this was so thoroughly saturated with blood that it resembled in color the clot by which it was surrounded. In the right tube the ostium was found completely occluded, its walls intact. In cutting into the mass, it was found occupied by a tubal mole. The amniotic cavity persisted, but no embryo was detected. The wall of the tube and the mole were hardened, and in due course embedded and sectioned for the microscope. Chorionic villi were found in clusters, which demonstrated beyond any doubt that the organized clot in the right tube was a tubal mole. The pregnancy in the left tube was more advanced than in the right. It is impossible to determine whether the pregnancies occurred at the same time,—the one becoming apoplectic and ceasing to grow, or whether it occurred at a later period.—*British Medical Journal*, October 1, 1892.

Treatment of the Pedicle.—DORAN asserts that experience has disclosed that the ligature is the best method of treating the pedicle. China twist-silk must be used, and not be too thick or too thin to make a good deep groove in the pedicle when tied firmly. The simplest loop and knot are safest. The outer border should always be secured separately whenever the pedicle is broad or short, and in long pedicles when the ovarian vessels are large. Absorption of the ligature has been authenticated by Ballance and Edmonds. Gradual destruction of the silk by leucocytes getting between the fibres has been plainly demonstrated in the case of arteries. Alleged disadvantages of the ligature were mostly due to its unskillful application and rough handling, too thick silk, or complicated knots. The pedicle of an ovary and tube removed for chronic inflammatory changes is less favorable for ligature than a pedicle of a cystic or solid tumor of the ovary.—*British Medical Journal*, March 18, 1893.

Fæcal Fistula After Ovariotomy.—ROSE, Kings College Hospital, reports a woman, 23 years of age, upon whom an ovariotomy was done; a fæcal fistula followed, from which bile, undigested food, and a round worm passed. The skin was becoming excoriated around the wound, when he made a

median incision and then a cross one at right angles, and after considerable difficulty found the infected portion of the intestine. There were two openings in the jejunum. After these were freed from adhesions it was found that the two coils of the jejunum were adherent to each other, in both of which there were two holes the size of a pea. The openings were exactly opposite the attachments of the mesentery. Adhesions were divided, the inverted mucous membrane turned in, and each opening sewed up separately with a row of Lembert sutures, put in to cover the apertures with peritoneum. The affected tissue was fastened to the anterior abdominal wall by a stitch, so as to be readily found if necessary.—*Medical Press and Circular*, February 15, 1893.

Premature Sexual Development.—J. HALLIDAY CROOM classifies premature sexual development in relation to ovarian tumors, under the following heads: 1. Precocious menstruation with early appearance of the external manifestations of puberty. 2. Sexual development without menstruation. 3. Menstruation previous to the development of the sexual organs. 4. Early conception and pregnancy. 5. Premature sexual development associated with tumors of the generative organs.

Of the first class the most striking illustration is the frequently quoted one of de Beau (*American Medical Journal*, vol. xi). The individual was born December 31, 1829, with mammæ perfectly formed and mons veneris covered with hair similar to a girl 12 or 14 years old. The catamenia appeared when she was 3 years old, and continued regularly every month as copious as in a woman. Each period lasted four days. The dimensions of her pelvis were such as would have permitted her to bear children at 3 years of age. The second class of cases are infrequent. Among the instances that have been mentioned is one by Cook, in "Medico-Chirurgical Transactions" for 1813. The patient was born in 1802; the external pudenda became prominent and covered with a quantity of dark hair when she was 4 years of age. Within four months of her death, in 1809, she began to suffer from convulsions, after which she increased enormously in weight; complexion became florid, cheeks downy, and lips covered with so much hair that she might be said to have a beard. Her voice, formerly shrill, became strong, and the whole contour was that of puberty, except the breasts and general stature; the mons veneris and labia pudenda were as at perfect puberty, covered with long black hair. Menstruation did not occur, and post-mortem examination showed no change in the external organs of generation. Neither ovaries nor uterus were increased in size. Third: menstruation without development of the sexual organs is less unusual than the preceding, but is also rare. Pozzi alludes to the case of Bernard, in the *Lyon médical*, 1887, of a girl who had menstruated regularly from birth up to 12 years of age without any development of the external organs. Fourth: numbers of cases of early pregnancy have been reported by trustworthy authorities. Müller, in the "Cyclopædia of Obstetrics and Gynæcology," reported a case of a girl who menstruated at the second year and was pregnant in her eighth. Fifth, in tumors previous to sexual development, upon which this paper is founded, is the case of

Forsythe: a child 7 years of age suffered from a large abdominal tumor. Previous to March, the present year, she had been perfectly well, without abnormal symptoms. In this month she was raped by a boy on several occasions, immediately after which she had a profuse discharge from the vagina, which continued almost uninterrupted until admission to the hospital, several months later; shortly after the rape the abdomen began to swell and gradually enlarged, until, on admission to the ward, she had a tumor about the size of a seven months' pregnancy. It was supposed that this was pregnancy, notwithstanding her extreme youth. This was apparently confirmed by the development of the mammæ, well-marked linea nigra, copious development of hair over the mons veneris, and a well-marked bruit was heard. The tumor was freely movable, tense, firm, and had apparently no intimate connection with the pelvis. The mobility and absolute solidity decided against the possibility of pregnancy. The patient was carefully examined under an anæsthetic; the remains of the hymen found thick, completely penetrated; vaginal walls smooth; cervix enlarged, soft, and patulous. The uterus was found to be slightly enlarged, over three inches in length. Manipulation caused free hæmorrhage. It was supposed to be a sacculated ovarian tumor. An operation was performed on November 25th. The tumor was aspirated, but only a small quantity of sero-sanguineous fluid withdrawn; had no adhesions; was perfectly free in every direction. Abdominal incision had to be enlarged within an inch and a half of the ensiform cartilage, owing to the fact that the tumor was incompressible. It was removed, and found attached to the left side of the pelvis by a long pedicle. The Fallopian tube was greatly distended and tortuous, the opposite ovary small and undeveloped; the uterus was enlarged, corresponding with the dimensions indicated by the sound previous to the operation. The tumor weighed over six pounds.—*Edinburgh Medical Journal*, February, 1893.

Italia.

PROF. F. MASSEI,
REDATTORE CORRISPONDENTE PER LA LARINGOLOGIA E RINOLOGIA.

Si prega di mandare tutti i giornali, libri, stampe, etc., sulle suggetti sopra nominate che vedono la luce in Italia al

PROF. F. MASSEI,
4, Piazza Municipio,
Napoli.

Two Cases of Chronic Croup.—F. Egma reports two cases of chronic croup which may be assigned to that class which includes those chronic cases of the disease which are consequent upon tracheotomy. The first, in a child 5 years old, in which bacteriological examination revealed the presence of Loeffler's bacilli, and in which the expulsion of the membranes continued for forty days. After that, stenosis of the larynx, as proven by laryngoscopic examination, was present, by reason of the hyperæmia and thickened condition of the mucous membrane, for three months after the cannula was removed. A second operation was proposed, but was not permitted by the parents. Raclage of the mucous membrane yielded products in which the bacilli were not found, but other micro-organisms, among which a diplo-bacillus, which Concetti found of patho-

genic value in the lower animals. The general condition of the little patient was very bad; hæmorrhage took place from the mouth, lungs, etc. The author gave subcutaneous injections of calomel, and the child improved; but a severe bilateral otitis, which involved the mastoid, renders his total recovery doubtful.

The second case was a girl, 5 years of age, who was affected with primary croup, and in whom tracheotomy was performed three days later. As in the previous case, the membranes were present for about forty days. The cannula was removed on the forty-sixth day, but in a short time the stenosis re-appeared. A second operation was not permitted, and intubation was performed. Improvement followed, but five days later the tube was expelled, and death followed. Raclage of the mucous membrane yielded products which did not contain Loeffler's bacilli.—*Archivii Ital. di Laringologia*, January, 1893.

Periodic Pharyngitis in a Case of Febricula.—L. PIAZZA, according to the views of Mackenzie and Massei, admits the probability of a periodic and intermitting pharyngitis as one of the various sequelæ of infectious diseases, but believes that the periodic angina, as described by Peter and Desnos, is a pharyngeal neuralgia followed by an hyperæmic condition. In support of his views, the author relates the history of a periodic pharyngitis occurring during a febricula, which, according to some authors, may be considered as due to the co-existence of the typhus bacillus with the plasmodium malariæ. The sore throat shows well-marked intermissions.—*Bollettino delle malattie dell' orecchio, della gola e del naso*, Florence, December, 1892.

Contribution to the Study of Nasal Tuberculosis.—I. DIONISIO, after giving a short history, and the relations, of the two forms, reports two cases of primary nasal tuberculosis,—the one, a growth, which he removed from the septum nasi, the nature of which was demonstrated by microscopical examination (clinically, it was very difficult to recognize its character); and the second, which was of the ulcerative variety, with tubercular granulations. The former recovered, being treated with lactic acid and iodoform; but recurrence took place, and the lesion became more diffused than before.—*Bollettino della malattie dell' orecchio, della gola e del naso*, Florence, December, 1892.

A New Contribution to the Symbiosis of Laryngeal Syphilis and Tuberculosis.—A. TASSANO, in this paper, read before the First Congress of the Italian Laryngological Association, reports two new cases, which may be added to three already reported, making, in all, five reported by him. All demonstrate, in a clinical manner, that syphilitic disease may, in the larynx, change into tubercular. According to the author, this may be explained through the fact that, being of a parasitic nature, the bacteria of the one disease may prevail over and destroy those of the other. The author, who was one of the first to admit and recognize the possibility of this substitution process, allows that it is very difficult to demonstrate, experimentally, how and when this change takes place. As he is obliged to rely upon clinical evidence only, he believes that it is not a question of symbiosis

(co-existence of syphilis and tuberculosis), but one of transformation of the one process into the other, and this through the action of Koch's bacilli, which reach the parts through the lymphatics. Fränkel's theory of local infection seems, to the author, not likely to be sustained; for, if it were so, primary laryngeal tuberculosis ought to occur very frequently, but, up to the present time, only a few, exceptional cases of this character have been reported.—*Archivio Internazionale delle Specialita Medico-Chirurgiche*, November, 1892.

Location of Naso-Pharyngeal Growths.—C. POLI reports the case of a young man, 19 years old, suffering with an attack of epistaxis, who had a naso-pharyngeal tumor, ten centimetres (four inches) in circumference, and extending from the pharyngeal vault to the third cervical vertebra. He had decided to operate by Nélaton's method, when a rapid increase in the size of the tumor demanded the operation of tracheotomy. The patient died, in a comatose state, two days afterward. An autopsy demonstrated that the tumor arose from the septum nasi, the posterior ends of the middle and superior turbinated bones, and the posterior part of the cribriform plate of the ethmoid bone. Microscopical examination of the tumor showed that the tumor was very vascular, and contained within it large spaces; its surface was covered with pavement epithelium, and was made up of connective-tissue cells. The author deduces the following conclusions:—

1. Naso-pharyngeal tumors, though generally inserted into the basilar apophysis, may occasionally take their origin from the nasal fossæ.

2. The selection of the operative method should depend upon an exact knowledge of the seat of origin of the tumor.—*Bollettino della malattie dell' orecchio, della gola e del naso*, Florence, November, 1892.

Russia.

DR. C. SZADEK,

РЕДАКТОР-КОРРЕСПОНДЕНТ
изъ области русской литературы, касающейся: Общей хирургіи, дерматологіи, сифилографіи, хирургическихъ болѣзней (столбняк, водобоязнь и т. п.).

Всѣ періодическія, медицинскія изданія, сочиненія, стат'и монографіи и т. д., изданныя на русскомъ языкѣ и касающіяся вышеупомянутыхъ предметовъ должны быть адресованы на имя

ДРА ШАДЕКА.

2, Театральная улица,
в Кіевѣ.

Treatment of Syphilitic Ulcers.—SWIRSCHKOW finds that inveterate or obstinate syphilitic ulcers of any kind are best treated as follows: The lesion should be thoroughly cleansed with a 2-per-cent. solution of hydrogen peroxide, then dried with absorbent cotton-wool, and covered with a piece of wood soaked in a 1-to-2 mixture of carbolic acid and camphor. The dressing should be changed two or three times a day. In from three to five days the ulcer becomes cleaner and studded all over with abundant succulent granulations. After this it should be dressed twice daily, either with a 1-to-4 mixture of aristol and vaselin-oil or with a mixture of dermatol and vaselin in equal parts, the layer being covered with a piece of mercuric plaster twice as large as the ulcer. Rapid cicatrization ensues, the lesion healing soundly

according to its size, in from fifteen to forty days from the commencement of the treatment. In the author's hands the camphor-phenol mixture alone proved of great service in cases of simple ulcers, suppurating wounds, soft chancres, and chancroidal buboes.—*Wratsch*, 1892, No. 38.

Sweden.

DR. F. EKLUND,
Brefväxlande Medarbetare
för den
SVENSK MEDICINSK
LITTERATUR.

Af alla i Sverge utkommande medicinska tidskrifter, bocker, afhandligar, monographier a. s. v. torde ett exemplar benäget öfversändas till

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The Bacterium Coli Commune a Cause of Appendicitis.—G. EKEHORN makes the following summary of his investigations. The primary changes in appendicitis—the catarrh and subsequent thickening of the mucous membrane and of the walls of the appendix—are the same in degree and frequency, whether fæcal matter be present or not; they are not, therefore, dependent upon the latter, and we cannot with reason infer that the presence or absence of fæcal matter has any causal relation with them from our present knowledge. If we admit that virulent bacteria may, after gaining entrance within the processus vermiformis, induce these primary changes and cause a catarrhal inflammation with intense swelling, œdema, and infiltration of the appendical wall, it is strictly in accordance with our experience of their behavior in other parts of the human organism. The correctness of this supposition, which may in the near future be verified by experimental evidence, has not as yet been proven.

In an appendix thus pathologically affected fæcal matter may, through its presence, acquire grave secondary importance as touching the course of the appendicitis, partly through its pressure upon the œdematous, infiltrated wall, in this way becoming a secondary cause of ulceration, gangrene, and perforation, and partly through diminishing the lumen of the appendix. In consequence of such swelling of the appendical wall, a narrowing is produced at each transverse flexure of the appendix. The stenosis obtains a secondary significance, analogous to that of the fæcal matter.

The author seldom found pathogenic bacteria, in great numbers, in the colon. The processus vermiformis may be regarded as predisposed to infection. The bacteria easily find in it an appropriate medium for their development and for the exercise of their pathogenic functions.

As the various pathogenic bacteria differ as to their effects, the appendicitis will present itself under different forms. It is evident that tuberculosis and actinomycosis of the appendix, not infrequently observed, differ entirely from ordinary appendicitis.

The pathogenic bacterium most frequently found in the colon is the most common cause of appendicitis. This is the bacterium coli commune (Escherich). This bacterium may be pathogenic for man and become virulent to a high degree; it is pathogenic for guinea-pigs and other animals used for experimental purposes.

The bacterium coli commune was present in pure culture in the con-

tents of the processus vermiformis, in a chronic catarrhal appendicitis which was in the intermediate stage of calm, in an exacerbation of a chronic catarrhal appendicitis, and in an acute gangrenous appendicitis. It was observed, always in pure culture, in the peritoneal exudation after a perforating appendicitis, and in the pus from an intra-peritoneal pelvic abscess after perforating appendicitis.

The bacteria of the colon from a chronic catarrhal appendicitis, that was, for the time being, in a state of calm, appeared to be less virulent than the bacteria from a developing or an acute appendicitis, although they were very highly virulent for guinea-pigs, which is analogous to that which has been found true in regard to the bacterium coli in normal fæces, on the one hand, and the alvine discharges of diarrhœa and enteritis, on the other.

This, to the author, seems to prove, with the highest probability, that it has had an important rôle to act, and has not been present as a passive element.

According to the author, it may be presumed, almost to a certainty, that bacteria are the principal disturbing factors in the acute stage of appendicitis, the fæcal matter or the dilatation through retarded secretions being only subordinate factors. In all probability the primary changes in appendicitis (the catarrh and the thickening of the wall) are induced by the bacteria.—*Lakäreförenings forhändlingar*, vol. xxviii, Nos. 2, 3, pp. 113–150, Upsala, 1893.

The Preservation of Pills.—CARL TH. MORNER writes that the preservation of pills is a matter well worthy of our consideration. It is a desideratum, the author states, that when pills are given to a patient they should be of that suitable consistence which held at the time of their preparation. The practice of dispensing them in paste-board boxes is the cause of their drying and of their flinty hardness, even after the lapse of only a few (two or three) days, and, consequently, the intended effect—resorptive or local—is less in degree and considerably more retarded; it is possible that a greater or less part of the active principle will be lost through the improper consistence of the pills, and the latter will pass out in the fæcal matter without producing their effect. For this reason, all pill-boxes should be discarded, and glass bottles substituted for them.—*Lakäreförenings forhändlingar*, vol. xxviii, Nos. 2, 3, pp. 108–112, Upsala, 1893.

The Mode of Action of the Ferruginous Preparations.—CHARLES TH. MORNER has endeavored to arrive, through direct experimentation, at a practical knowledge of the above matter. He asks the question: Do the salts of iron exercise an inhibiting influence upon the processes of putrefaction in the intestines, or, in other words, are they to be considered as antiseptics? The author's researches are based on the theory that a remedy produces an antiseptic action in the intestines if its administration constantly results in the diminution of the quantity of sulphuretted hydrogen. The author's experiments seem to prove that the salts of iron exercise no action that may be properly called antiseptic. It may be presumed, therefore, that the beneficial action of the ferruginous preparations depends upon their power

of preserving the organic components of food against the sulphuretted hydrogen in the intestines, and that they are decomposed and assimilated directly.—*Lakäreförenings forhändlingar*, vol. xxviii, No. 4, pp. 253–259, Upsala, 1893.

Two Cases of Epileptiform Attacks Dependent upon Alterations in the Nasal Cavity.—F. KJELLMAN reports these interesting cases:—

Case I.—A school-boy, 12 years of age, had for two years cramps, with inability to close the jaws, sometimes associated with momentary unconsciousness, which gradually increased in severity. There was found, upon nasal examination, a spongy hypertrophy of the mucous membrane of the two inferior turbinated bones. The turbinateds were cauterized, but a return of the trouble occurred after repeated cold baths during the cold weather. Cauterization of the turbinateds again caused the disappearance of the untoward symptoms, and the boy remained perfectly well. In this case there was a morbid dilatation of the cavernous vascular plexus underlying the nasal mucosa, through which condition the terminal filaments of the trigeminal nerve were exposed to friction, which condition of irritation was transmitted to the motor centres of the cerebral cortex, and resulting in epilepsy, tonic cramp, and occasional loss of consciousness.

Case II.—The patient was a boy aged 6 years. In the slighter attacks he had spasmodic movements in the left hand and arm, and asthma; in the severer attacks epileptic symptoms appeared, with loss of consciousness and clonic spasms. At the examination Kjellman discovered a moderate diffuse swelling, soft to the touch of a probe, on the right inferior turbinated. Cauterization was not followed by any amelioration of the symptoms. The boy had, for three years past, been addicted to the bad habit of sleeping with his left thumb in his mouth, and closing, at the same time, the left nostril with the other fingers. Thus, nasal breathing was obstructed. This case seems, according to the author, to prove:—

1. That epileptiform attacks of nasal origin are not always due to an irritation of the nasal ramifications of the trigeminal nerve.

2. That certain cases of so-called *epilepsia nocturna* are initiated by an asthmatic attack, and are essentially dependent upon obstructed nasal respiration.—*Hygiea*, vol. lv, No. 2, pp. 154–160, Stockholm, 1893.

Statistics of Rupture, from the Sahlgrenian Hospital, in Gothenburg, Surgical Department, 1883–1892, with Notes of Gangrenous Herniæ.—ALRIK LIND, during these ten years, has treated 306 cases of rupture, of which 151 were free or irreducible and 155 incarcerated; 176 patients were males and 130 females; 193 cases were inguinal and 107 were crural herniæ. For free or irreducible herniæ the radical operation was performed in 140 cases; of these, 2 died (mortality about 1.50 per cent.). Among the patients operated upon were 18 children less than 3 years old. In almost every case, especially among the working classes, the author recommended the application of a truss and the observance of great caution. By means of taxis, or bloodless operations, 22 cases of incarcerated hernia were treated; of these, 1 died from gangrene of the bowels. One hundred and thirty-three underwent

herniotomy; of these, 32 died (mortality, 2.4 per cent.). During the last four years the mortality from herniotomy was 18.5 per cent., and during the last two years it was only 9.5 per cent.; during 1891 there was only 1 death in 20 herniotomies for incarcerated hernia. In the cases where large, gangrenous, limited spots were present on the incarcerated coil of intestines, while the rest of the gut was of a healthy appearance, the author reduced the prolapsed intestine and, by means of sutures, fixed the gangrenous spot at the internal ring and immediately in front of the same, hoping that the suture might rapidly produce adhesion between the serous surfaces and fixation of the intestines, in a few hours, to the neighboring parts; so that, in case of perforation, the contents of the bowel might be discharged through the abdominal incision, and not into the peritoneal cavity. The author has never resorted to this procedure when perforation has already occurred, but only in those cases where he has had reason to hope that the suspected spot might resist perforation for a day, or, at the least, for some hours. The author expresses his satisfaction at the favorable results of this procedure for the use of which he claims priority.

In cases of diffuse, manifest gangrene of the incarcerated intestine resection is contra-indicated only where the patient is already so collapsed that he will not tolerate the use of an anæsthetic or such a grave and lengthy operation; also, if the hernial sac and its surroundings are in an advanced state of gangrene and markedly infected; and, finally, in private practice, if the operator is not possessed of the necessary technical skill or lacks the proper assistance.—*Hygiea*, vol. liv, No. 2, pp. 130–153, Stockholm, 1893.

United States.

PROF. J. MCFADDEN GASTON,
EDITOR OF THE DEPARTMENT OF SURGERY OF THE THORAX.

All books, theses, monographs, etc., upon the above subject should be sent to

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Pneumotomy in Pulmonary Gangrene and Tubercular Abscess.—J. BLAKE WHITE, of New York City, in a paper read before the New York State Medical Association, November 26, 1892, reports two operations by pneumotomy for the relief of tubercular abscess and gangrene of the lung upon the same patient. He says that although an ordinary abscess of the lung might terminate in recovery, no case of gangrene of the lung had been known to do so without surgical interference. A girl, aged 13 years, was suffering with a gangrenous area of the right lung, and there was an abscess of the same communicating with a bronchus. On verifying this condition, an incision was made in the sixth intercostal space, about an inch anterior to the axillary line, and, the finger detecting fluctuation, an opening gave exit to two ounces of fetid pus. Under irrigation with drainage she improved; but, three months afterward, another incision, an inch posterior to the axillary line, removed fetid pus and portions of gangrenous lung. Drainage was continued for eight months, with a complete cure.—*Transactions of the New York State Medical Association*, 1892.

Free Incision in the Treatment of Empyema.—ARNOT SPENCE, of New York, urges free incision in the treatment of empyema. He claims that empyema can be efficiently and successfully treated without resection of the ribs; and that the operation of free incision into the pleural cavity, if done early, will always obviate any deformity of the chest. In illustration of the splendid result of this operation, he reports two cases,—one in a child 2 years of age, and the other in a man 30 years old. In the former a free opening was made into the left side of the chest, through the eighth intercostal space. A pint of pus was evacuated. A drainage-tube was introduced and the cavity washed out with 1-to-5000 bichloride solution, and then irrigated with warm water afterward. The child was discharged cured on the thirty-eighth day. In Case II the opening was made in the eighth intercostal space, and thirty-two ounces of pus were evacuated. A tube was introduced and the cavity irrigated with warm water. The treatment lasted one hundred and one days, when the patient was discharged cured, without any deformity.—*St. Louis Clinique*, February, 1893.

Laennec's Method of Treatment in Acute Pleurisy.—R. L. HINTON, of Prescott, Ark., quotes from Alphonse Guérin as follows: "If acute pleurisy were treated by blood-letting, blisters, etc., according to the method of Laennec and his followers, there would scarcely be any occasion for the practice of thoracocentesis." He indorses this practice after an experience of thirty six years, with an average percentage of pneumonias and pleurisies, without having a single case requiring thoracocentesis, while he has witnessed many such cases in the hands of other physicians who refused to adopt this heroic treatment.

He is not, however, in favor of a reckless and indiscriminate use of these remedies, and carefully selects his cases. He states that he has never bled a case that did not recover, and they have usually been cases that were considered hopeless by consulting physicians. This practice was adopted generally in this country many years ago, and ought, no doubt, to be revived at the present time.—*Therapeutic Gazette*, November, 1892.

Excision of the Ribs in Empyema.—C. G. KENYON, of San Francisco, in a paper read before the San Francisco County Medical Society, December 13, 1892, gives his treatment of empyema as follows: The best location for excision is the sixth and seventh ribs. A long incision is made over the rib, dividing the periosteum and separating it from the rib. After this, a curved periosteotome is passed under the rib, riving off and separating the periosteum from beneath the rib to the extent desired, when the rib can be divided by a strong pair of bone-forceps. Repeat the process over a second rib, the points of the pleura still remaining intact. Now make an opening and counter-opening at each end of the wound, and insert a large drainage-tube, thoroughly evacuating the purulent contents of the sac. Follow this by a thorough irrigation with a weak antiseptic solution. Encase the side with antiseptic gauze overlaid with cotton. The object of exsection is to allow the chest-wall to collapse.—*Transactions of the San Francisco County Medical Society*, 1892.

Early Aspiration in Acute Pleuritis.—HENRY D. DIDAMA, of Onandago County, N. Y., in a paper read before the New York State Medical Association, treats of early aspiration in pleuritis. He advised the use of anodynes and strapping of the chest while the pain was severe; quinine, iron, and strychnine if the patient was in poor condition; and aspiration after the acute symptoms had subsided and percussion indicated the presence of fluid, even if it did not exceed an estimated half-pint. No effort was made to leave a portion of the effusion to be removed by the absorbents. The fluid was easily, quickly, and safely removed without increasing the local inflammation, weakening the patient, or retarding recovery; it prevented consolidation of the lung, and those tender adhesions which, in late aspiration, eventuated in deformity and hæmorrhage into the pleural cavity; it prevented congestion of the lung and dilatation of the right ventricle; and in cases of tubercular pleuritis it tended to prevent or arrest general bacillary infection. —*New York Medical Journal*, January 7, 1893.

Empyema Statistics.—I. C. HOLST, of Christiana, Norway, gives statistics of cases of empyema treated from 1874 to 1891. Twenty-three cases of empyema were irregularly distributed through seventeen years, with eleven recoveries and twelve not cured. The average duration of the disease before operation was, in the cases that recovered, 5.6 weeks; in one, 20 weeks. On the contrary, in those not cured by operation it was 11.5 weeks. The primary affection in 4 was pneumonia, in 4 pleuritis, and in 2 influenza. In 3 cases there was expectoration of a purulent sputa, all of which ended fatally, though 1 was operated on. As to complications among those operated on with success, in 1 there was pericarditis, and in another erysipelas. In those unsuccessfully operated on, purulent pericarditis was noticed once; tuberculosis once; in 1 pleuritis appeared on the opposite side, and in 2 multilocular encapsulation.—*Annals of Surgery*, March, 1893.

United States.

PROF. E. E. MONTGOMERY,

EDITOR OF THE DEPARTMENT OF DISEASES OF UTERUS, ETC.; MENSTRUATION. DISEASES OF OVARIES AND TUBES.

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Dermoid Tumor Containing Bone and Teeth.—KAMMERER reports a dermoid cyst of the ovary which contained, in addition to the usual contents of such cysts, a mass of bone, which contained a clump of irregularly-placed teeth, including examples of incisors, canines, bicuspid and molar varieties.—*Transactions of the New York Surgical Society*, January 11, 1893.

Small, Hard Tumors.—PRICE, of Philadelphia, advocates the removal of small, hard tumors in the pelvis, saying that they interfere with conception, and often with delivery. A dermoid on one side may cause abortion after abortion, while the other side is healthy. Fibroid tumors of the uterus occur more frequently, in his experience, in white than in colored women, and dermoids are more likely to undergo dangerous degeneration than

formerly. The greater the size of the tumor, the longer the incision and operation required. Large tumors often have extensive adhesions to the bowel, omentum, and parietal peritoneum. He advocates the extra-peritoneal method of treating the stump after hysterectomy.—*New York Medical Journal*, October 29, 1892.

Tubal Pregnancy with Rupture into the Broad Ligament.—W. D. HAGGARD reports a case of tubal pregnancy in which rupture took place into the broad ligament, which was clearly established by the clinical history and post-mortem appearance, as follow: (1) The patient confessed having had previous intra-pelvic trouble, presumably gonorrhœal, for which she had been treated locally; (2) at the time of the accident, caused by jumping from a wagon, the menses had been past due; (3) there had been a fitful yet persistent flow from the uterus during the entire illness; (4) paroxysmal, colicky pains in the lower abdominal and pelvic regions had been of frequent occurrence; (5) existence of the tumor above the pubes, which she had probably mistaken for a pregnant uterus; (6) her persistent refusal to admit of a digital examination, probably fearing the detection of her pregnancy. After death there was found an enlarged and softened condition of the uterus; patulous os; escape of sero-sanguineous, stringy fluid; and enlargement of the left Fallopian tube, within which was a well-defined cavity containing a fruit-sac, from which the embryo had escaped. Deciduous membrane revealed by the microscope a discoloration of the rectum, produced by blood dissection around it, causing constriction and partial death.—*New York Medical Journal*, December 17, 1892.

Clinical Notes.

Tropacocaine in Ophthalmic Practice.—GEORGE FERDINANDS, of Aberdeen, after a series of experiments during a period of six months, has arrived at the following conclusions:—

1. Tropacocaine is more reliable and deeper in its action than cocaine, and the anæsthesia it produces lasts a little longer. Unlike cocaine, it anæsthetizes inflamed tissue,—at least, more deeply than does that salt. There is complete absence of the haze over the cornea which is so characteristic of cocaine anæsthesia. This was specially appreciated when needling. The strength of the solution depends on the requirement. For general use 2 or 3 per cent. is sufficient, and a 5-per-cent. solution may be used with safety when anæsthesia of the deep-seated parts is required.

2. Solutions of tropacocaine made with distilled water keep well and retain their strength for months. One solution (3 per cent.) prepared in January last, although now a little cloudy, has not lost its activity. So far, no fungus has been noticed growing in the solutions.

3. With the exception of one case, in which the 10-per-cent. solution was used, tropacocaine gave rise to no disagreeable symptoms. It practi-

cally has no mydriatic action; neither is it hæmostatic. But it certainly did not give rise to "intense hæmorrhage," as was the experience of Seifert (*Internat. klin. Rundschau*, No. 8, 1893).

The author is inclined to think that cocaine will eventually be replaced by tropacocaine when its advantages are fully understood. Even if it were only for its antiseptic properties, the new anæsthetic should be given the preference. The price is not prohibitive, and increased demand will place it within the reach of all.—*The British Medical Journal*, June 24, 1893, p. 1318.

Poisoning by Tartaric Acid.—TREVITHICK, of Cheltenham, reports a fatal case of poisoning by tartaric acid, in a woman aged 67 years. Death occurred from symptoms of gastro-enteric irritation seven days after the ingestion of the drug. The quantity of the drug taken was "about two teaspoonfuls," which would represent between 140 and 180 grains. At the necropsy the serous surface of the intestines was found coated with a layer of soft, butter-like lymph; that of the stomach appeared free from this. There were a few shallow erosions in the œsophagus and several patches of subserous hæmorrhage in the stomach. The mucous membrane of the whole intestine showed signs of recent inflammation.—*The British Medical Journal*, June 24, 1893, p. 1321.

Poisoning by Tartrated Solution of Corrosive Sublimate.—E. Q. THORNTON, of Philadelphia, reports a case of this character, not with a view of advocating the use of any new antidote to mercury, but to call attention to the fact that egg-albumen—the ordinary antidote—will not alone be sufficient in cases of poisoning from corrosive sublimate to which tartaric acid is added. The case is of interest, as, since the introduction of this substance as an antiseptic and germicide, most cases of poisoning from it will be with the acidulated solution or tablets. As is well known, the acid is added for the special purpose of preventing formation of the insoluble albuminate of mercury when it is brought in contact with open wounds. It also prevents the formation of albuminate when mixed with egg-albumen, unless the acid is first neutralized by an alkali. The author's treatment of the case, in which about 3 grains of the poison had been taken, was as follows: The white of three eggs and a teaspoonful of soda bicarbonate, thoroughly mixed in a cup of water, were followed immediately by three cups of water, and in two or three minutes by a tablespoonful of mustard stirred in a glass of water. Vomiting was rapidly induced. At short intervals the above procedure was repeated. After thus antidoting the poison and freely emptying the stomach, the white of three eggs, half a teaspoonful of soda bicarbonate, and three glasses of milk were administered. Lastly, one ounce of magnesium sulphate was given, for the double purpose of emptying the bowel and to set up endosmosis, so as to prevent absorption of any of the mercury that might have remained. The patient recovered, and the only disagreeable symptom remaining after this energetic treatment was slight soreness in the œsophagus and stomach, which passed away on the third day.—*The Therapeutic Gazette*, June 15, 1893, p. 368.

The Treatment of Intestinal Obstruction.—R. L. KNAGGS, of Leeds, states that two facts should be borne in mind when comtemplating the relative merits of abdominal taxis and laparotomy: If the rule of practice were to open the abdomen at once when an acute obstruction due to a nipped or twisted bowel was diagnosed, then, certainly, a greater measure of success would result from the operation, but many cases would be operated upon that would have recovered if they had been left alone; on the other hand, though the conditions seen at many laparotomies are such that taxis must obviously have been futile if it had been employed at the time when the operation was undertaken, yet in their commencement these entanglements are often very simple and probably quite capable of rectification by simple means.—*The Lancet*, June 24, 1893, p. 1507.

THE ELEVENTH INTERNATIONAL CONGRESS OF MEDICINE.

THE inauguration of the Eleventh International Congress will take place September 24, 1893, in the presence of His Majesty the King of Italy. The president is Prof. G. Baccelli, Rome; treasurer, Prof. L. Pagliani, Rome; secretary-general, Prof. E. Maragliano, Genoa.

The work of the congress will begin in nineteen sections on the morning of September 25th, and will close October 1, 1893. Any physician or scientist of other professions may become an active member of the congress by fulfilling the conditions of membership, inscribing his name, and securing his admission-ticket. The fee for members is twenty-five francs, or five dollars, in money-order or check, to be sent to the treasurer; the fee entitles to a copy of the transactions of the congress, which will be forwarded to the members immediately after publication. Papers for and communications to the congress must be announced on or before June 30, 1893; a brief abstract of every paper and communication, with their conclusions, must be sent to the committee on or before July 31st; those arriving after will be accepted only if time permit. The official languages of the sessions are Italian, French, English, and German.

The provisional committee has made arrangement with the different Italian and foreign railway and navigation companies, in pursuance whereof special reduced prices have been granted on the steamers and railways of this country and of the countries which the members of the congress are to traverse. In Italy the members of the congress will find tickets for the round trips, starting from Rome; they will thereby be enabled to visit the most important cities and the various universities. Ladies accompanying members will be furnished the same facilities as the members themselves in respect of reduced fares and the festivities connected with the congress. An Exhibition of Medicine and Hygiene will be inaugurated in Rome on the same date.

AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION.

THE third annual meeting of the American Electro-Therapeutic Association will be held in Chicago, September 12th, 13th, and 14th, at Appollo Hall, Central Music Hall Block. Members of the medical profession interested in electro-therapeutics are cordially invited to attend. The president of the association is Dr. Augustin H. Goelet, of New York. Dr. Margaret A. Cleaves, of Des Moines, is secretary.

Recent Suggestions in Therapeutics.

Agalactia.
Ext. galegæ, gr. xv-lx daily, in form of syrup or pill in doses of gr. viiss-xv (0.50-1.00 grm.). (Capitan, *La Médecine Moderne*, June 7, 1893.)

Antipyrinomania.
Gradually reduce dose of the drug. Give *potass. bromide* and *caffeine* for resulting prostration and grave functional disturbances. (Cappellatti, *Révue générale de clinique et de thérapeutique*, May 17, 1893.)

Atrophy of Optic Nerve.
Sol. antipyrin (50 %) with small quantity of *cocaine* added to diminish pain of puncture, in doses of ♏xv (1 grm.) every 2 days, increased to ♏xxx (2 grms.); may be continued for weeks or months without interruption. (Valude, *Le Bulletin Médical*, June 18, 1893.)

Conjunctivitis, Diphtheritic.
Local disinfection by *sublimate sol.* (1-1000). (Elsching, *Le Bulletin Médical*, June 21, 1893.)

Cystitis (Gonorrhœal or Paraplegic).
Wash out the bladder with plain water, and then with the following solution: ℞ *Salophen*, gr. xv (1 grm.); *alcoholis*, ʒiiss (10 grms.); *aq. destil.* q. s. ad Oj (500 grms.). M. (Frohlich, *La Tribune Médicale*, June 8, 1893.)

Erysipelas.
Cold baths at 18°-20° C. (64.4°-68° F.) for 15 minutes whenever temperature of patient remains steadily at 39.5° C. (103.1° F.), the tongue is dry, or there is insomnia, restlessness, loquacity, or delirium; usually not more than 6 during the 24 hours. *Cinchonamine sulphate*, gr. ivss-ix (0.30-0.60 grm.), by subcutaneous injection. *Lactic-acid sol.* (1-2%), 0.50 c.cm. (♏viiss), injected in two rows, 3 cm. (1¼ in.) from each other, the one at the border and the other the same distance beyond the border of the patch, the punctures being 3 cm. (1¼ in.) apart. (Le Gendre et Beaussenat, *Le Bulletin Médical*, June 18, 1893.)

Goitre, Exophthalmic (Graves's Disease).
Ligate the four thyroid arteries. (Lavisé, *Le Bulletin Médical*, June 18, 1893.)

Gout.
Colchicine, gr. 1-64-1-16 (0.001-0.004 grm.) daily, in pill or granule. Give gr. 1-64 (0.001 grm.) every 15 minutes until 4 doses are taken, on the appearance of the gout. On the second day give gr. 1-64 (0.001 grm.) every 15 minutes until 3 doses are taken. The third day gr. 1-32 (0.002 grm.) in same manner, and on the fourth day gr. 1-64 (0.001 grm.). Continue at this dose (gr. 1-64—0.001 grm.) or increase, according to symptoms. As a prophylactic, in cases where warning symptoms appear, gr. 1-32 (0.002 grm.) may be given daily; gr. 1-64 (0.001 grm.) morning and evening. (Bardet, *La Médecine Moderne*, June 7, 1893.)

Metrorrhagia (Intractable).
Dilate the cervix and apply to the whole interior absorbent cotton wetted with the thickish fluid resulting from recently deliquesced sticks of *zinc chloride*, wound round a piece of iron wire slightly curved at the end. Leave *in situ* for 24 hours and then withdraw. To avoid action on vagina apply tampon of cotton smeared with *vaselin* and *soda carbonate* at summit of vagina. This treatment to be avoided unless life and health are seriously threatened, as atresia uteri results after the sloughing of the endometrium. (James Braithwaite, *Lancet*, June 3, 1893.)

Nephritis.
Epithelial. ℞ *Tinct. cantharidis*, gtt. vi-xij daily; may be combined with *caffeine* and *ether*, also frictions, stimulants, warm or dry air-baths, and *pilocarpine* hypodermatics when skin is very dry. Also milk diet as long as any trace of albumen remains in urine. (Lancereaux, *New York Therapeutic Review*, April, May, June, 1893.)
Scarlatinal. ℞ *Diuretin*, gr. xxij (1.50 grms.); *aq. destil.*, ʒiij (100 grms.); *sacch. alb.*, gr. xxxvij (2.50 grms.); *cognac*, gtt. x. M. Sig.: One dose for child of 6 to 10 years; for child of 2 to 5 years, one-half this dose; where there is renal insufficiency (diminution of solid matter in urine). (Demme, *La Tribune Médicale*, June 22, 1893.)

Opium Habit.
℞ *Tinct. belladonnæ*, ʒxliiss (54 grms.); *glycerin*, ℥ix (270 grms.); *elixir simplicis*, ʒxj (330 grms.); *ext. xanthoxyli fld.*, ʒliiss (14 grms.); *ext. hyoscyami fld.*, ʒviiss (30 grms.). M. Sig.: Two teaspoonfuls every three hours, just after taking pill of opium or morphine, and continue until free vomiting and purging set in. Then stop treatment; nourish and stimulate patient. (Barton, *communicated*.)

Rheumatism.
Acute. *Salophen*, gr. lxxv-xc (5-6 grms.) daily, in doses of gr. xv (1 grm.) every 2 hours. (Caminer, *La Tribune Médicale*, June 8, 1893.)

Saprœmia (Puerperal Septic Intoxication).
As soon as signs and symptoms are observed, an intra-uterine douche should be given. 1. Raise shoulders and depress pelvis to allow fluid to flow away easily. 2. Wash external genitals with soap and water, and sponge with antiseptic solution. Then give vaginal douche. 3. In introducing douche-tube avoid making fresh wounds. 4. Give injection-fluids free exit; exclude air. 5. Continuous douche preferable to syringe. Raise douche-can not more than two feet (60 centimetres) above level of patient. If tube becomes blocked, remove and re-introduce instead of increasing height of douche-can. Slow flow to *bathe* uterine cavity with the solution. 6. Use antiseptic fluid, at 115° F. (46.11° C.). *Sublimate* is best; either small quantity (½ pint—250 c.cm.) of a 1-2000 solution or 1 pint (500 c.cm.) of a 1-4000 solution, both followed by injection of *boric-acid lotion* or *boiled distilled water* to remove mercurial solution. 7. During injections, uterus to be grasped by operator's left hand or by assistant, who can at same time compress the Fallopian tubes. Compress uterus at intervals to aid escape of fluid and finally after removal of douche-tube. 8. Anæsthetic may be given if necessary. Vaginal douche is sufficient where putrefactive changes are confined to vagina. *Iodoform suppository* is useful. Smart purgative to stimulate emunctories. *Pulv. Doveri* to increase action of skin. Hot applications over hypogastrium to favor retraction of uterus or if any pelvic cellulitis. Treat other symptoms on general principles. (F. J. McCann, *Lancet*, June 24, 1893.)

Talipes Varus Equinus.
Remove portions of the tarsal bones sufficient to correct deformity. In grave cases it may be necessary to resect the astragalus in order that the bones of the tarsus may be brought into proper shape; it may be necessary to remove the astragalus, cuboid, scaphoid, cuneiforms and even the anterior portion of the calcaneum. Perfect antisepsis should be observed. Sufficient mobility is obtained later by vigorous passive motion. (Just Champonnière, *La Médecine Moderne*, June 7, 1893.)

Tuberculosis of Lungs.
Calcium sulphide. ℞ *Calcii sulphuretti*, gr. xv (1 grm.); *strychninæ sulphat.*, gr. j (0.07 grm.); *arsen.*, gr. iss (0.1 grm.); *ulm. pulv.*, q. s. M. et fiat capsulæ no. ix, et sig.: One or two capsules three times a day. Object, to introduce sulphuretted hydrogen; therefore powder to be encapsulated dry. Dia to insure dryness of powders and to prevent too rapid elimination of gas when preparation in stomach. (E. F. Wells, *Journal American Medical Association*, April 22, 1893.)

Typhoid Fever.
Begin with ʒss (15 grms.) *castor-oil* containing 5 to 20 drops *turpentine*. After purgation cease, *boric acid* 0.60 to 1.0 grm. (8 to 15 grms) for adults and 0.20 to 0.60 grm. (3 to 8 grains) for children—three or four times in the 24 hours. Reduction of fever, tympany, and fetor of stools in 5 days generally observed; 2.6-per-cent. mortality in 248 cases (Torchinsky, *Nice Médical*, April, 1893.) *Carbolic acid*, gr. i-iss (0.065-0.17 grm.) in pill morning and evening until convalescence. (Charteris, *British Medical Journal*, June 24, 1893.)

Ulcer, of Tongue.
Soak surface of tongue for some time in a 20% *sol. of cocaine* containing *resorcin* and dry with absorbent cotton. Remove the dense fur with dermal curette. With dermal galvano-cautery point at red heat (after injecting a 20% *sol. of cocaine* in a 2% *carbolic lotion*) freely puncture the thickened areas of mucous and score well the ulcerated tracts with the cautery. *Mercury* (by inunction) and iodides, a 10% *sol. of boric acid* to cleanse mouth after meals, and exercise. Destroy, a few days later, the rigid edges of the fissures, if any, and puncture nodules and any part of thickened mucous missed at first application. Forbid tobacco and stimulants for one year. An almost exclusive farinaceous and milk diet. (Wm. Robertson, *Lancet*, June 24, 1893.)

Wounds.
Phenocoll hydrochloride. Employed with very satisfactory results, by dusting powder over wound surface and covering the same with sterilized gauze or moss, in lacerated wounds, suppurating glands, paraitium, bubo inguinalis, granulating ulcers of legs, suppurating mastitis, amputated toes, and burns (second degree). No irritation of integument or general symptoms ascribable to drug observed. (Carl Beck, *New York Medical Journal*, April 22, 1893.)

Reviews.

HYDROTHERAPY AT SARATOGA: A TREATISE ON NATURAL MINERAL WATERS. By J. A. IRWIN, M.A., Cambridge, Eng.; M.D., Dublin University; L.M., College of Physicians, Ire.; M.R.C.S.E.; Member of the British Medical Association; Fellow of the London Obstetrical Society, etc. Cloth, 12mo. Pp. 270. New York: Cassell Publishing Company, Publishers.

This book is a treatise on mineral waters in general, and on those of Saratoga in particular. It opens with a description of Saratoga, its advantages as a health resort, its geological conditions, and local characteristics. The origin, classification, and analysis of mineral waters in general preface a statement of the component parts of the Saratoga waters and a practical division of waters of the different springs to be found there. A chapter on metabolism and alterative effects is followed by others on balneology, therapeutic applicability, and dietetics. The closing chapters give some general precepts concerning the use of mineral waters and their preparation for the market. An excellent chapter on nosology and applied therapeutics embodies many practical points which must prove serviceable to him who seeks for knowledge on hydrotherapy.

TWO LECTURES ON THE CONDUCT OF THE MEDICAL LIFE. By S. WEIR MITCHELL, M.D.; LL.D., Harvard; Member of the National Academy of Sciences. Addressed to the Students of the University of Pennsylvania and the Jefferson Medical College. Boards, 12mo. Philadelphia: University of Pennsylvania Press, 1516 Chestnut Street, Publishers.

These lectures have attracted wide attention, both from the importance of the subject-matter and the charming and graceful style in which they have been written. These facts, taken in connection with Dr. Mitchell's well-known qualifications as an author, must create a large demand for the work. The proceeds are being devoted by the author and publishers to the fund now being raised for the Students' House and Club of the University of Pennsylvania. He who does not read this book misses a rare intellectual treat. The practical, every-day suggestions made by its author are well worth many times the price of the book.

THE STRUCTURES IN THE MESOSALPINX: THEIR NORMAL AND PATHOLOGICAL ANATOMY. By J. W. BALLANTYNE, M.D., F.R.C.P.E., F.R.S.E., Lecturer on Midwifery and Diseases of Women, School of Medicine, Edinburgh; Secretary to the Edinburgh Obstetrical Society; and formerly Senior Assistant to the Professor of Midwifery and Diseases of Women and Children in the University of Edinburgh; and J. D. WILLIAMS, M.D., B.Sc., Freeland Barbour Fellow (Univ. Edin., 1888–1890). 12mo. Pp. 51. 12 illustrations. Edinburgh: Oliver & Boyd, Tweeddale Court, Publishers. Cloth, 2s. 6d. (75 cents).

In this little book are contained the results of the examination of the mesosalpinx and the structures lying in it from two hundred and twenty broad ligaments.

The investigation was carried out by the authors in the laboratory of the Obstetrical Department of the University of Edinburgh, under the supervision of Prof. A. R. Simpson, and many of the conclusions arrived at were stated by them in their M.D. graduation theses. The description of the histology and pathology of the Fallopian tube appeared some time ago in the *British Medical Journal* (January 17, 24, 1891); it is now incorporated in this work with the hitherto-unpublished accounts of the normal and pathological anatomy of the other structures lying in the mesosalpinx. The illustrations are all taken from the original specimens in the possession of the authors. The structures treated of in this work are important, both to the clinician and the pathologist, and the results of the authors' original investigations merit close attention and study.

C. S. WITHERSTINE.

New Books Received.

The editor acknowledges with thanks the receipt of the following books:—

ÉTUDES SUR LES TUMEURS DE L'ŒIL, DE L'ORBITE, ET DES ANNEXES. Par le DR. FÉLIX LAGRANGE, Professeur agrégé à la Faculté de Médecine; Chirurgien des hôpitaux de Bordeaux; Membre correspondant de la Société de Chirurgie. One vol. 8vo. Illustré avec 9 planches et 16 figures dans le texte. Pp. 276. Paris: G. Steinheil, 2, rue Casimir-Delvigne, Publishers. Price, paper, uncut edges, 8 francs ($1.60).

TRAITÉ DESCRIPTIF DES MALADIES DE LA PEAU, SYMPTOMATOLOGIE ET ANATOMIE PATHOLOGIQUE. Par MM. HENRI LELOIR, Professeur à la Faculté de Médecine de Lille; Membre correspondant de l'Académie de Médecine: et ÉMILE VIDAL, Membre de l'Académie de Médecine; Médecin Honoraire de l'Hôpital Saint-Louis. 4me livraison; feuilles 18 à 23—Planches 19 à 24. Paris: G. Masson, 120, Boulevard Saint-Germain, Publisher. Price, paper, uncut edges, 15 francs ($3.00).

THE STRUCTURES IN THE MESOSALPINX: THEIR NORMAL AND PATHOLOGICAL ANATOMY. By J. W. BALLANTYNE, M.D., F.R.C.P.E., F.R.S.E., Lecturer on Midwifery and Diseases of Women, School of Medicine, Edinburgh; Secretary to the Edinburgh Obstetrical Society; and formerly Senior Assistant to the Professor of Midwifery and Diseases of Women and Children in the University of Edinburgh; and J. D. WILLIAMS, M.D., B.Sc., Freeland Barbour Fellow (Univ. Edin., 1888–90). 12mo. Pp. 51. Illustrated. Edinburgh: Oliver & Boyd, Tweeddale Court, Publishers. Price, paper, 2s. 6d. (75 cents).

HYDROTHERAPY AT SARATOGA: A TREATISE ON NATURAL MINERAL WATERS. By J. A. IRWIN, M.A., Cambridge, Eng.; M.D., Dublin University; L.M., College of Physicians, Ire.; M.R.C.S.E.; Member of the British Medical Association; Fellow of the London Obstetrical Society, etc. Cloth, 12mo. Pp. 270. New York: Cassell Publishing Company, Publishers.

TWO LECTURES ON THE CONDUCT OF THE MEDICAL LIFE. By S. WEIR MITCHELL, M.D., LL.D., Harvard; Member National Academy of Sciences. Addressed to the students of the University of Pennsylvania and the Jefferson Medical College. One vol. 12mo., boards. Philadelphia: University of Pennsylvania Press, 1516 Chestnut Street, Publishers.

Monographs Received.

The editor acknowledges with thanks the receipt of the following monographs :—

Traitement chirurgical des affections inflammatoires et néoplasiques de l'uterus et de ses annexes; deux procédés inédits d'hystérectomie abdominale et vaginale; la castration totale par le vagin, par *E. Doyen*, de Reims.——The Literature of Seasickness, by *J. A. Irwin*, New York.——Homœopathy and its Congeners, by *G. Frank Lydston*, New York.——Higher Preliminary Medical Education; the Influence of the German Universities upon our Profession, by *Henry E. Dwight*, Philadelphia.——Extraction of Steel from the Interior of the Eye with the Electro-Magnet, by *Alvin A. Hubbell*, Buffalo, N. Y.——Congenital Ptosis with Synchronous Movements of the Affected Lid and the Lower Jaw, by *Alvin A. Hubbell*, Buffalo, N. Y.——Surgical Clinic, by *Nicholas Senn*, Chicago, Ill.——An Air and Water Irrigator and Drain for Prolonged Douching in Deep Cavities, by *Nathan G. Bozeman*, New York.——Responsibility of the National and State Governments for the Protection of the Purity of the Water Supplies, by *Benjamin Lee*, Philadelphia.——The Ability of the State to Prevent an Epidemic of Cholera, by *Benjamin Lee*, Philadelphia.——Circular No. 34, Pennsylvania State Board of Health: The Treatment of the Apparently Drowned or Suffocated. Circular No. 35, Pennsylvania State Board of Health: On the Prevention of Blindness. Circular No. 36, Pennsylvania State Board of Health: Sanitary Protective Associations. Circular No. 37, Pennsylvania State Board of Health: Emergency Hospitals. Circular No. 38, Pennsylvania State Board of Health: On the Care of the Eyes.——Annual Address before the State Board of Health of Pennsylvania, by *Samuel G. Dixon*, Philadelphia.——Some Points in Reference to the Inflammation of Cartilage: Address of the President of the American Orthopædic Association, 1892, by *Benjamin Lee*, Philadelphia.——Skin-Grafting upon the Cranium, by *Frederick C. Schaefer*, Chicago.——Brain Surgery: Injury Received Five Years Ago Followed Three Years Later by Convulsions and Paralysis; Blood-Clot Found under the Dura Mater and Removed; Patient Improving, by *F. C. Schaefer*, Chicago.——Vertebral Surgery, with Reports of Three Cases, and a New Method of Operating in the Dorsal Region, by *F. C. Schaefer*, Chicago.——The Structures in the Mesosalpinx: Their Normal and Pathological Anatomy, by *J. W. Ballantyne* and *J. D. Williams*, Edinburgh.——The Blood in Melancholia and the Effect of Systematic Tonic Treatment, by *Whitmore Steele*, Utica, N. Y.——Malarial Fever in a Newborn Infant, by *Floyd M. Crandall*, New York.——Acne, Comedo, and Acne Rosacea, by *J. Abbott Cantrell*, Philadelphia.——Vaginal Tamponage, an Improved and Simplified Process for Rendering Continuous Support to the Organs Composing the Female Generative Tract, by *Charles C. Fredigké*, Chicago.——A Foreign Body Impacted in the Larynx Seventeen Months; Removal by Laryngo-Tracheotomy; Recovery, by *J. F. Klinedinst*, York, Pa.——Experimental Study in Thoracic Surgery, by *William Le Moine Wills*, Los Angeles, Cal.——L'Assainissement de Ravin de Kassim-Pacha, par *Pierre Apéry*, Constantinople.——Leptothrix Mycosis of the Tonsil, Pharynx, and Base of Tongue, by *William Cheatham*, Louisville.——The Therapeutical Value of the Mercurial Salts in General Surgery, by *Thomas H. Manley*, New York.——Extensive Railroad Injury; Amputation; Fistula in Ano; Peritonitis, by *Thomas H. Manley*, New York.——Something More on the Pathology and Treatment of Hæmorrhoids, Fissures, Fistulas, and Ulcers in the Ano-Rectal Region, with a Few Notes on Prolapsus Ani and Neoplasm, by *Thomas H. Manley*, New York.——Fracture of the Clavicle, by *Arthur E. Spohn*, Corpus Christi, Texas.——Colle's Fracture, by *E. H. Woolsey*, Oakland, Cal.——Recent Cases of Cœliotomy, by *A. E. Spohn*, Corpus Christi, Texas.——The Electric-Light Current in Medicine and Surgery, by *Wm. Scheppegrell*, New Orleans, La.——The Value of Javal's Ophthalmometer for the Correction of Astigmatism Where Marked Amblyopia is Present, by *A. Britton Deynard*, New York.——Proceedings of the Society for the Study of Inebriety, London, May, 1893.——Report of the Board of Managers of the Department of Archæology and Palæontology of the University of Pennsylvania (1889–1892).——Clotbur (Xanthium strumarium, Lin.) and Cocillana, a Reprint from the Pharmacology of the Newer Materia Medica, *Geo. S. Davis*, Detroit.——History of a Case of Gunpowder Injuries to Both Cornæ, Irides, and Lenses, with Subsequent Restoration of Vision to Almost Full Acuity, by *Charles A. Oliver*, Philadelphia.——Movable Kidney; with a Report of Twelve Cases Treated by Nephrorrhaphy, by *George M. Edebohls*, New York.

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PUBLISHERS' DEPARTMENT.

FORMALIN: AN IDEAL HARMLESS GERMICIDE.

(Concluded from May Issue.)

Translating these results into practical figures, and basing the calculations on the observation that 8 c.cm. of the ½-per-cent. solution was sufficient for 1 square metre surface, Dr. Stahl reckoned that for the disinfection of the walls, ceiling, and floor of a room 23 feet square and 13 feet high not more than 3 pints of the solution, or about 6 drms. of the 40-per-cent. Formalin, would be required. As these figures assume that all the solution used falls on the walls, etc., somewhat more would, of course, be necessary in actual practice. For the disinfection of a room in the Lazarus Hospital of about the size specified above, about 4½ pints of a 2-per-cent. dilute solution were used from two small spray apparatus, the time used in the process being half an hour. The strength of the solution employed was unnecessarily high, but nevertheless no marked discomfort was experienced by the persons working the sprays.

Other materials, such as silk, satin, plush, wool, linen, etc., were similarly treated, a 2-per-cent. solution being employed, and for a longer period, as the fabrics were of thicker texture than paper. All the specimens were disinfected by half an hour's spraying of the 2-per-cent. Formalin solution. It was found that the excess of solution could be readily got rid of by "airing" the material, and scarcely any trace of odor remained. Further, the colors of the papers and materials treated with the disinfectant were entirely unaffected.

Turning to the consideration of the physiological properties of Formalin, it stands recorded by Aronson, Berlioz, and Trillat that formic aldehyde is relatively non-poisonous. The manufacturers of Formalin also noted that men working day after day in an atmosphere loaded with the vapors felt perfectly well, and, when they had accustomed themselves to the peculiar penetrating odor of the aldehyde, did not experience any discomfort in their work. It has been already noted that a room in the Lazarus Hospital was disinfected by a 2-per-cent. solution without any marked unpleasantness to the operators.

When brought into contact with the animal skin undiluted Formalin exerts a kind of tanning effect, making it impermeable, and finally brings about its necrosis. This action depends upon the property of Formalin, of very readily penetrating living and dead animal tissue and forming with it a sort of combination. The tissue is destroyed without suppuration or formation of a sore.

Some of the experiments establishing this property may be briefly stated. By repeatedly painting a limited area in the skin of a rabbit with Formalin, its necrosis was brought about, so that after a few days it was cast off with the hair growing upon it. The point of a rabbit's ear was painted for four days consecutively, three times a day, with 40-per-cent. Formalin. After ten days the part fell off spontaneously without the slightest bleeding, and smooth as though cut with a knife.

Quite similar was the effect upon the human epidermis. A small area on the forearm was left in contact with paraformalin for two days; the skin became hard and insensitive, and after a few days a thick, horny crust gradually separated, leaving a deep scar.

The application of this action of Formalin to surgery is obvious; probably the preparation would be useful as an external application against lupus, cancer, or, in very dilute solution (up to ½ per cent.), for the irrigation of cavities. Similarly, Formalin might prove of value for the removal of diseased growths on the epidermis or the mucous membrane. The *modus procendi* might be either the arrest of development of such growths by painting the roots or pedicles with Formalin or the gradual destruction of the excrescence itself by the repeated application of the preparation.

Summing up the results of all these experiments, the properties of Formalin may be expressed as follows:—

1. It has an extraordinarily active microbicide power, similar to that of sublimate.
2. It is comparatively non-poisonous.
3. It attacks only the substance of the contagious material, leaving intact the articles treated, whether of organic or inorganic nature.

(Continued on page 15.)

THE

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IN ALL PARTS OF THE WORLD.

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Austria.

PROF. H. OBERSTEINER,
REDACTEUR DER ABTHEILUNG FÜR RUCKENMARKSKRANKHEITEN.

Alle Bücher, Thesen, Separatabdrücke, etc., über den obenerwähnten Gegenstand in deutscher Sprache erscheinend, solten Herrn PROF. H. OBERSTEINER. XIX Döbling, Wien, Oesterreich, zugesandt werden.

Anterior Poliomyelitis.—According to GOLDSCHEIDER, the examination of the spinal cord of a child having died of broncho-pneumonia, twelve days after the beginning of an acute anterior poliomyelitis, showed a diffuse inflammatory process in the entire spinal cord, particularly in the lumbar portion, which was not at all limited to the anterior horns. Since the case in question was one of diffuse acute myelitis, Goldscheider, in my opinion, is not justified in denying the actual localization in the gray substance of the anterior horns in acute anterior poliomyelitis; although he may advance, in support of his opinion, the fact that in such recent cases an autopsy is rarely made. Goldscheider's view may be right, inasmuch as the starting-point in poliomyelitic disease of the spinal cord is not to be looked for in the nerve-cells, but that it is of true vascular origin.—*Wiener medicinische Wochenschrift*, April 1, 1893.

Acute Neurosis of Peronei and Sclerosis of Posterior Columns.—KORNFELD, of Vienna, mentions an interesting case of a tabetic patient having symmetrical gangrene of the toes, and who also showed the well-known dissociation of sensibility, so that syringomyelitis might also have been suspected; there was, however, no muscular atrophy. Post-mortem showed, besides the sclerosis of the posterior columns, an acute neuritis of both nervi peronei, which was, no doubt, the cause of the above-mentioned symptoms. *Wiener medicinische Wochenschrift*, November 5, 1892.

Denmark.

DR. F. LEVISON,
REFERENT FOR DEN DANSK LITTERATUR VEDRØRENDE: ALMINDELIG MEDICINSK PATHOLOGI OG THERAPI, DERI INDBEFATTET, NERVE- OG SINDSSYGDOMME, PÆDIATRIK, OBSTETRIK, GYNÆKOLOGI, HYGIEINE, DEMOGRAPHI, RETSMEDICIN, PATHOLOGISK, ANATOMI, BAKTERIOLOGI.

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DR. LEVISON,
Norrevoldgade, 13,
Köbenhavn.

Inversion of Uterus.—PRIOR publishes three cases of chronic inversion of the uterus. In the first case, in which the condition had lasted but two months and a half, the uterus was successfully replaced; in the other two, dating back two and a half years or longer, reduction was impossible, and the uterus was removed. Both patients recovered, and one of them, a woman of 24 years, after some time menstruated regularly.—*Gynæcologiske og Obstetriciske, Meddelelsen*, 1893, p. 50.

Brown-Séquard's Paralysis.—KJOR describes a well-observed case of Brown-Séquard's paralysis caused by a stab with a knife.—*Hospitals-tidende*, 1892, p. 1173.

Hemiplegia.—JACOBSON gives a detailed account of a number of cases of hemiplegia in which no local lesions of the brain could be found.—*Hospitals-tidende*, 1893, p. 185.

Congenital Progressive Gigantic Development.—JACOBSON observed a case of this kind in a child of three years, involving almost the entire body. There were no hereditary symptoms, both parents being healthy. The child was deformed at birth: fifty-one centimetres long, with large telangiectases on the trunk, and macropodia. When the author first saw the child, at the age of three years, there was an evident hypertrophy of the right cheek, arm, and hand, the right labium majus, the right half of the chest and abdomen, the left leg, and both feet. A large portion of the skin was blue in color, caused by telangiectases. The length of the feet is fourteen centimetres. A detailed measurement of the various parts of the body is given by the author.—*Bibliothek for Läger*, 1893, p. 205.

Diphtheria.—TOBIESEN examined the throats of patients convalescing from diphtheria and about to leave the hospital, in order to ascertain if the bacillus Loeffler could still be detected. He found this bacillus in twenty-four cases, and made cultures of it, according to the method of Roux and Yersin. Inoculation of nineteen of these cultures in guinea-pigs resulted in the death of the animals with characteristic symptoms. Close observation of the convalescents after their return to their respective homes failed to show that they communicated the disease, even in a single instance.—*Nordiskt medicinskt Arkiv*, 1892, No. 30.

Sarcoma of the Liver in an Infant of Four Months.—LENDROP observed a case of primary sarcoma hepatis in a child 4 months old. There was no icterus, but the abdomen was enormously distended, measuring forty-six centimetres at the arcus costarum and forty-nine and a half centimetres at the umbilicus, while the distance from the processus ensiformis to the symphysis pubis was twenty-two centimetres. At the autopsy the liver was found to contain numerous disseminated tumors of a light red-brown color, the tissues being loose and showing softening, but no caseous change. It con

sisted of small round-cells, which seemed to originate from the endothelium of the interacinous blood-vessels and penetrate into the veins, where they compressed the liver-cells.—*Hospitals-tidende*, 1893, p. 217.

Glass as a Foreign Body in the Digestive Tract.—MUNDT reports the case of a boy, 11 years old, who swallowed a square piece of glass, measuring seventeen millimetres, with sharp sides and edges. After twenty hours it was expelled by the first normal defecation. The child remained quite well. —*Hospitals-tidende*, 1893, p. 259.

Method of Bringing Down the Arms After Version.—MAGNUS recommends a new method for bringing down the arms after version and delivery of the trunk, which should not be brought down too far before delivery of the arms. When these are about the neck, the hand should be introduced in the ordinary manner, two or three fingers being placed on the superior edge of the scapula, which is gently pressed downward. This will cause the arms to move suddenly and to come down without any further help. Others besides the author have successfully made use of this method.—*Ugeskrift for Läger*, 1893, p. 62.

Artificial Delivery in Copenhagen.—TH. HANSEN states that in Germany, after the introduction of antiseptics, accoucheurs seem to have been more disposed to resort to artificial delivery, the mortality being thereby increased. This is not the case in Denmark. Hansen has consulted the registers of the midwives of Copenhagen, who are compelled to register every delivery in their practice, and who attend all women in labor, and has compared the number of artificial deliveries in that city from 1862 to 1869, with those made from 1888 to 1890. The following are his figures:—

	Deliveries.	Forceps.	Version.	Deliveries of Placenta.	Artificial Deliveries.
1862–69	17,887	305 (1.71 per ct.)	120 (0.67 per ct.)	132 (0.74 per ct.)	557 (3.10 per ct.)
1888–90	16,639	275 (1.65 per ct.)	70 (0.42 per ct.)	115 (0.69 per ct.)	460 (2.77 per ct.)

—*Hospitals-tidende*, 1893, p. 476.

Hereditary Diabetes.—LAURITZEN found that a girl, 16 years old, who suffered from diabetes insipidus, belonged to a family in which the disease was hereditary. By close investigation he ascertained that four generations and eight out of nineteen members of the family had suffered from polyuria, viz., the great-grandmother, three of her children, three grandchildren, and the great-grandchild,—the patient under his care at the hospital. The disease was in all cases directly inherited by the child from its parent, all the first-born being attacked. Some of these patients suffered also from nocturnal enuresis, but this seemed to be an accidental complication inherited from the great-grandfather, who suffered from enuresis, but not from polyuria.

Lauritzen found that the bladder was considerably distended in many of the cases, one of the patients evacuating a litre (2 pints) of urine at one time in his presence. The quantity of urine in twenty-four hours would amount to 13 litres. In all of the cases in which the urine was examined, it was found to be of a light color, neutral or feebly acid, containing neither sugar nor albumen, and with a specific gravity of 1001 to 1017.

The daily excretion of urea was 20 grammes (5 drachms), and therefore not excessive. The patients bore the disease fairly well, one of them living to be 61 years old.—*Hospitals-tidende*, 1893, p. 353.

Renal Atrophy in Syphilis.—RASCH found, at the autopsy of a woman 43 years old, who had suffered from tertiary syphilis, a unilateral syphilitic atrophy of the left kidney, which was only seven and a half centimetres long, four centimetres wide, and had only one-third of the volume of the right kidney. This was normal in size, but showed signs of beginning atrophy. There was also excessive development of the interstitial connective tissue, which was composed partly of fibrils, partly of a homogeneous or fine fibrous tissue, with numerous nuclei. The number of glomeruli was much diminished, and in those remaining the capsule of Bowman was thickened, as were also the arterial walls, the morbid change affecting as well the adventitia as the tunica media.—*Hospitals-tidende*, 1893, p. 297.

The Prognosis of Phthisis.—REISZ analyzes 247 cases of chronic pulmonary phthisis observed in his private practice. Of these, 90 recovered, 76 died, and 81 are still suffering from the disease. In his opinion, the prognosis is especially bad when the phthisis is consecutive to an acute fever, as measles or pneumonia, or when it sets in with high fever; it is also a very bad symptom when the first stage of consumption is accompanied by fever and the glands of the neck become rapidly enlarged. In fatal cases the sputum either contains a multitude of tubercle bacilli or is quite devoid of them. These assertions are confirmed by the investigation of fatal cases as well as those which ended in recovery.—*Bibliothek for Läger*, 1893, p. 95.

Pneumothorax.—LÜSBERG has observed several cases of pneumothorax. In one of these a healthy man felt a severe pain after a violent muscular effort, and pneumothorax developed on the right side, but disappeared, after several weeks, without treatment. He mentions some cases in which the disease caused very insignificant symptoms, and was discovered almost by accident.—*Ugeskrift for Läger*, 1893, p. 170.

Cerebro-Spinal Meningitis.—FRÜS observed 30 cases of meningitis cerebrospinalis during the year 1891. In 17 cases (7 deaths) the most extraordinary symptom noted was herpes. The patellar reflex was commonly found unaltered. Kernig's symptom was observed in 24 out of 26 cases, and was probably due to inflammation of the spinal nerve-roots or of the cauda equina. In 11 cases the urine contained albumen, but no casts; in 2 there was polyuria, and in 1 glycosuria, the patient dying after four days. Four patients had diseases of the ear,—2 otitis media, 1 otitis externa, and 1 deafness without other signs. Four had a swelling of the elbow-joint, from which some synovial fluid was evacuated by puncture, but which contained no micro-organisms.—*Ugeskrift for Läger*, 1892, ii, p. 407.

Symphysiotomy.—STADFELDT performed symphysiotomy on a woman whose pelvis measured: Sp. il., 26 centimetres; Cr. il., 29; D. B., 19; D. conj. vera, about 8.5 centimetres. As delivery at term could not be completed with the axis-traction forceps, the latter was left in place and the symphysis pubis severed in such a manner as to preserve the ligamentum arcuatum

intact. By this operation a lumen of three to six centimetres was obtained, and the child easily extracted. Both mother and child lived, the locomotion of the former not being impaired.—*Bibliothek for Läger*, 1893, p. 89.

Linea Fusca in Children.—ADSERSEN examined 200 children—105 girls and 95 boys—in order to ascertain whether the linea fusca were present. He observed it in children under 1 year, in 27 per cent.; 1 to 6 years, 52 per cent.; 6 to 14 years, 88 per cent. The color was not always equally manifest. In half of the cases it was very pronounced; in the others the median line was only somewhat darker than the rest of the abdomen. The author regrets that the linea fusca should be regarded as a sign of pregnancy, since it can be found in so many other cases.—*Gynæcologiske og Obstetriciske Meddelelser*, 1893, p. 43.

Abdominal Tumors.—PAULLI describes the case of a girl, 23 years old, who had, from her third year, suffered from a tumor in the abdomen. As she grew older it occasioned pain, at first only once or twice in a year, but from her sixteenth year the pain returned every four weeks, and continued from eight to fourteen days. She had never menstruated. Two tumors were felt in the abdomen,—one of the size and form of a pregnant uterus, fluctuating and tender; the other was in the right side, extending two inches below the umbilicus. Both tumors were removed, with some difficulty, and the patient completely recovered. An examination showed that one of the tumors was a hæmatometra, containing about one hundred and twenty cubic centimetres of dark blood. No trace of the canalis cervicalis could be found. The other tumor was the right ovary, which was changed to a dermoid cyst, about the size of a child's head, containing many deposits of bone. The right tube had disappeared, the whole of the left was enlarged, and the left ovary was in a state of cystic degeneration, and about five centimetres long.—*Gynæcologiske og Obstetriciske Meddelelser*, 1893, p. 33.

France.

PROF. H. OBERSTEINER,
RÉDACTEUR DU DÉPARTEMENT DES MALADIES DE LA MOËLLE ÉPINIÈRE.

Tous livres, thèses, monographies, etc., sur les sujets ci-dessus, publiés en langue française, doivent être adressés à M. le

PROF. OBERSTEINER.
XIX Döbling,
Vienne.

Acute Myelitis.—BOURGES has induced acute myelitis in a rabbit inoculated with the coccus of erysipelas. The disease was fully developed in five days, and after fourteen days resulted in the death of the animal. The myelitic degeneration of the spinal cord was most pronounced in the lumbar region.—*Bulletin Médical*, February 22, 1893.

Syringomyelia.—CRITZMANN, of Paris, distinguishes three forms of syringomyelitis: (1) Aran-Duchenne's type, with predominance of progressive muscular atrophy; (2) Morvan's type, with predominance of the well-known trophic disturbances; and (3) latent syringomyelitis. Hereto may also be added cases which cannot be positively designated as latent, but which, nevertheless, present certain symptoms of

syringomyelitis, while it is impossible, or nearly so, to establish the true diagnosis.—*Essai sur la syringomyélie*, Paris, 1892.

Inherited Pathological Vulnerability of Anterior Horns.—In a male patient, aged 47, who had had, at the age of eleven months, infantile paralysis with atrophy of the right leg, with pes equinus paralyticus, progressive muscular atrophy, of the Aran-Duchenne type, occurred, beginning in the right hand. Four years later he died of cerebral hæmorrhage. BERNHEIM, of Nancy, found, at the post-mortem examination of this patient, a hæmorrhage in the left hemisphere; a regular, even diminution of the size of the spinal cord in the cervical region, and atrophy of both posterior horns. In the lumbar region the cells had almost entirely disappeared; there was slight sclerosis of the posterior columns, this being more marked in the lateral columns. Bernheim is of the opinion that the process occurring during early childhood had no direct relation with the similar pathological condition arising forty-six years later. There was undoubtedly some connection between the two maladies, which consisted, in his opinion, of a certain acquired or inherited vulnerability of the cells of the anterior horns.—*Revue de Médecine*, vol. i, 1893.

Tabes Dorsalis and General Muscular Atrophy.—LACAZE'S case of tabes is worthy of attention through the fact that there existed a general muscular atrophy, and also on account of the occurrence of marked involuntary movements of the lower extremities and of the face during sleep. These movements partake of the character of chorea.—*Nouveau Montpellier Médical*, No. 1, 1893.

Case of Tabes with Symmetrical Gangrene of the Toes.—In a case seen by PITRES, of Bordeaux, the first symptoms of tabes presented themselves in 1875, consisting of difficulty in urinating, dysentery, and pain in the stomach. In 1880 lancinating pains in the legs began, and then all the other well-known symptoms of tabes. At the end of 1885 he complained of a feeling as if the toes were dead during cold, while in the heat they became blue and swollen and pained greatly. In the year 1891 gangrene became fully developed in all the toes of the right foot and in the great toe of the left foot. In April, 1891, the patient died suddenly of suffocation, caused by some food having entered the larynx. Upon post-mortem, besides the usual condition of the spinal cord in tabes, a very marked degeneration of the corresponding peripheral nerves was present. Nevertheless, numerous apparently normal nerve-fibres were found. Pitres explains this through the fact that the process had been of old standing, and that the nerves had undergone a process of regeneration.—*Revue Neurologique*, May 15, 1893.

Romberg's Symptom.—GRASSET, of Montpellier, returns to his formerly-expressed opinion, that Romberg's symptom is caused solely by a feeling of dizziness when the eyes are closed, and supports his opinion by the following facts: 1st. A blind tabetic patient often walks better than one who has his sight, undoubtedly very much better than the latter when his eyes are closed. 2d. When the patient is prevented from seeing his feet, for instance, by having a screen or an umbrella held horizontally against his

chest, the inco-ordination symptoms become somewhat heightened, but Romberg's symptom does not occur. If there were only a question of disturbance of the muscular sense, there would be considerable swaying of the body as soon as the "control" of the eyes with regard to the feet was prevented. 3d. Romberg's symptom may be present when the muscle-sense remains intact, or, 4th, it may be absent when the muscular sense is very much impaired. Moreover, dizziness occurs in tabetic patients when it has not been provoked by closing the eyes, and is probably caused by arterial sclerosis.—*Archives de Neurologie*, vol. xxv.

Tuberculosis of the Arachnoid.—RAYMOND, of Paris, minutely describes the history of the disease in the case of a girl aged 20, who was suffering from caries of the cervical vertebra, and who died fifteen minutes after the operation. Upon post-mortem there was found, besides a slight diffuse chronic leptomeningitis, marked tuberculous deposits upon the arachnoids and the dura mater in the region of the diseased third cervical vertebra, and extending beyond it. There was also hæmatomyelitis in the lower cervical cord, limited to the gray substance (particularly in the right anterior horn). In the opinion of the author, the operation may have increased the hæmorrhage in the spinal column, which he thinks existed before, and which was probably the cause of the aggravation of the symptoms occurring seventeen days before the death of the patient.—*Revue Neurologique*, March 31, 1893.

Germany.

PROF. H. OBERSTEINER,
REDACTEUR DER ABTHEILUNG FÜR RUCKENMARKSKRANKHEITEN.

Alle Bücher, Thesen, Separatabdrücke, etc., über den obenerwähnten Gegenstand in deutscher Sprache erscheinend, solten Herrn

PROF. H. OBERSTEINER,
XIX Döbling, Wien,
Oesterreich,
zugesandt werden.

Non-Typical Cases of Syringomyelia.—OPPENHEIM, of Berlin, is not of the opinion that the variations in the clinical type of syringomyelitis can simply be explained by the localization of the gliomatous processes in the spinal cord. He particularly calls attention to those cases whose entire or almost entire progress is characterized by tabetic symptoms. A male patient, aged 40, suffered from progressive disturbance of sight, with pain and weakness of the legs; later, a girdle sensation, numbness of the soles of the feet, unsteady gait, and weakness of the bladder. Still later on, diplopia, atrophy of the optic nerves, reflex rigidity of the pupils; patellar reflex absent on the left side; anæsthesia and thermo-anæsthesia over the left half of the trunk. Finally, symptoms of dementia paralytica. At the autopsy, diffused glioma in the spinal cord, as well as gray degeneration of the posterior columns.—*Archiv für Psychiatrie*, vol. xxv.

The three cases of non-typical syringomyelia observed by BERNHARDT, of Berlin, point to several facts insufficiently noted, as a rule. In the first case, we have participation of tactile and pressure sensations in the disturbances of sensibility; the appearance of bulbar symptoms (difficulty in swallowing, paralysis of the velum palati) and periodical hæmoglobinuria. In the second case there is a certain analogy to Brown-Séquard's unilateral

paralysis; hyperhydrosis of the face also occurred on the side opposite to the diseased side of the spinal cord. These two cases, as well as the third, less-noteworthy one, occurred in female patients. No autopsy was made in any of them.—*Archiv für Psychiatrie*, vol. xxiv.

In two cases quoted by MANN, of Breslau, especially in the first mentioned, the entire symptomatology of tabes clearly occurred, together with unmistakable symptoms of syringomyelitis. This case is also worthy of mention, because the nervous symptoms followed the extirpation of a tumor of the breast. In both cases frequent and pronounced choreic movements occurred.—*Deutsche Archiv für klinische Med.*, No. 50.

Hæmatomyelia.—MINOR, of Moscow, calls attention to the relations which may exist between central hæmatomyelia and syringomyelia. It has frequently been observed that, following spinal trauma, central glioma and syringomyelitis have been developed; a much longer time being required, however, for the glioma development, which would naturally be the case. If, however, the spinal symptoms occur immediately after the trauma, a hæmorrhage of the spinal cord must be suspected. As these hæmorrhages almost always affect the gray substance, all the separate symptoms of syringomyelitis may be induced by them. Moreover, traumatic hæmorrhages of of the medulla may evolve hæmorrhagic cysts, which would then have compact surrounding capsules of connective tissue, and might form the starting-point for central gliomatous degeneration. Such a pathogenic process may also occur when the central hæmorrhage is not induced by trauma. In four cases, in which the organic lesion of the spinal cord undoubtedly resulted from trauma, Minor found many symptoms closely resembling those occurring in syringomyelitis; for instance, the characteristic dissociation of sensibility. As the patients in question are still living, the diagnosis has not been confirmed. In a fifth case of traumatic hæmatomyelitis, death occurred after several days; the autopsy revealed a tubular hæmorrhage throughout the entire gray axis of the spinal column.—*Archiv für Psychiatrie*, vol. xxiv.

Operations in the Vertebral Canal.—URBAN defines the indications for operations in the vertebral canal as follows: 1st. Vertebral fractures with pressure upon the spinal cord. The operation is not to be undertaken immediately after the injury, but should be postponed until the beginning of consolidation, as it would be extremely difficult in the beginning to firmly set together the broken parts. The proper time, varying with circumstances, would be from the fifth to the eighth week, if by that time the symptoms are not on the mend; if after the twelfth week there should be no improvement, the operation should undoubtedly be performed. 2d. New formations in the vertebral canal. 3d. Spondylitis tuberculosa, after the process has remained stationary during at least several months, and no abscesses are suspected. 4th. As an exploration measure in all cases in which symptoms of localized pressure on the spinal cord are shown, after which, according to what is disclosed, the operation may be completed.—*Verhandlungen der Deutschen Gesellshaft für Chirurgie*, Bd. xxi.

Treatment of Tabes.—HIRSCHBERG has carefully and minutely tested Fraenkel's method of mechanical treatment for tabes. The principle of this method consists in having the patient make certain exactly-prescribed movements of the ataxic members; these movements are at first very simple, and later on much more complicated; it therefore results that the patient must concentrate his attention upon the muscular contraction and carefully watch the same, and that he thus makes great efforts to correct the ataxic irregularity. Hirschberg found that by this method the ataxic movements of tabetic patients may be noticeably improved. The muscular strength of the affected members thus becomes greater, the control of the co-ordination of the muscles is strengthened, and, moreover, the lost confidence of the patient is restored,—a moral result of great importance. The treatment may be used in all stages of tabes, yet the best results are obtained when the patient has not yet entirely left off walking; the method is not useful, however, in rapidly-progressing cases, when there is general ill health, and when there is disease of the joints. The other cardinal symptoms of tabes—excepting the ataxia—are not influenced by this treatment.—*Allgemeine Zeitschrift für Psychiatrie und psychish-gerichtliche Medicin*, May 7, 1893.

Spinal Muscular Atrophy.—HOFFMANN, of Heidelberg, calls attention to the fact that only the myopathic, and not the spinal, form of muscular atrophy is hereditary. He has, however, observed, in the case of two non-neuropathic and in no way related families, a number of identical cases, in which the children were affected by no apparent cause, and without either the pregnancies or births having shown anything in the least abnormal. In the one case, among fifteen children, at least six, and in the other, among six, two, were similarly affected. The children, born healthy and showing no trace of malformation or of any malady, have the normal movements of the legs and arms during the first few months. While continuing to develop well mentally, already, during the second half of the first year, there is a noticeable weakening in the promptness and strength of the movements of the legs, together with weakness of the muscles of the back. This usually comes on very slowly, during weeks or months, without fever, convulsions, etc. The children remain in this condition for months, and even years, without the upper extremities or the muscles of the neck becoming involved. Only, much later, it becomes impossible to raise the head, and the hand can only with great difficulty be carried to the mouth, while the muscles of the forearm and hand take part in the paresis. Simultaneously with the paralysis a general degenerative muscular atrophy sets in, which, in the beginning, is disguised by great fatty development in the cellular tissue of the derm. The symptoms mentioned are progressive and symmetrical. Cerebral and bulbar symptoms do not occur; the sphincters remain intact. Death always results, during early childhood (first to fourth year of disease), under secondary symptoms. An autopsy was made in the case of one of these children, which showed the unmistakable spinal character of the disease: atrophy of the majority of cells of the anterior horn throughout the entire spinal cord, particularly marked in the lumbar portion; pronounced atrophy of the anterior roots; less-marked, but similar,

atrophy of the peripheral nerves; and, finally, very marked atrophy of the muscles in question. We gather, therefore, from these cases, that chronic spinal muscular atrophy may occur upon an hereditary basis during childhood.—*Deutsche Zeitschrift für Nervenheilkunde*, Bd. iii, No. 6.

Distinction Between Myopathic and Spinal Forms of Progressive Muscular Atrophy.—STRÜMPELL, of Erlangen, dwells upon the fact that the sharply-defined distinction between the myopathic and the spinal forms of progressive muscular atrophy is becoming more and more uncertain. He is also of the opinion that, for the entire group of progressive muscular atrophies, there has been as yet only one original cause shown,—namely, an abnormal tendency, dating from birth, in the muscles and their respective nerve-centres. Though this congenital tendency only shows itself clearly in hereditary and family cases, it may be considered as existing in many, if not in all, sporadic cases. Experience shows that the atrophy of the motor system consequent upon this tendency frequently only affects certain muscles, but that, under certain circumstances, the peripheral nerves and the cells of the anterior horn may also become involved, and, in rare cases, even the pyramidal tract is affected. According as one muscle or another first becomes affected, certain symptoms present themselves (the various forms of dystrophia, bulbar paralyses, progressive ophthalmoplegia); and, on the other hand, the extension of the atrophy into the corresponding nervous region results in certain clinical differences. It would appear that the process begins in the muscle, and that the atrophy of the nerves originates in the peripheral intra-muscular distribution, and spreads centripetally to the spinal cord, finally involving the ganglion cells.—*Deutsche Zeitschrift für Nervenheilkunde*, Bd. iii, No. 6.

Germany.

DR. SAJOUS,

REDACTEUR DER ABTHEILUNG FÜR RHINOLOGIE UND LARYNGOLOGIE.

Alle Bücher, Thesen, Separatabdrücke, etc., über den obenerwähnten Gegenstand in deutscher Sprache erscheinend, solten Herrn

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zugesandt werden.

Hypertrophic Rhinitis and Amenorrhœa.—F. OPPENHEIMER observed the return of normal menstruation in five chlorotic women, shortly after appropriate operative procedures having for their object the reduction of nasal hypertrophies, which greatly narrowed the upper respiratory tract. The author concludes that the cure was due to the increased amount of air inhaled, which, by favoring oxygenation of the blood, caused the chlorosis to disappear. This, in turn, being the main etiological factors of the amenorrhœa present, the normal functions were soon restored. He invokes, in support of his opinion, the improvement observed in children from whom adenoid vegetations have been removed, and the early disappearance of the pallor so frequently accompanying the presence of these neoplasms.—*Berliner klinische Wochenschrift*, October 3, 1892.

Fibrinous Rhinitis.—STARK, of Kiel, reports three cases of this disease in which the bacteriological examination revealed the presence of the

Loeffler bacillus. Two of the cases followed fibrinous pleuritis, and the third pleuropneumonia.—*Berliner klinische Wochenschrift*, No. 42, 1892.

Ozæna.—ABEL has found, in sixteen cases of ozæna, a bacillus which is present, with many other organisms, in the muco-pus lying beneath the scabs which cover the nasal mucous membrane. In the secretion of other nasal diseases the author has not found this organism. The rods are short, plump, sometimes inclosed in a well-marked capsule, and often arranged in twos or in chains. They resemble Friedländer's pneumo-bacilli, but are distinguishable with certainty. It grows upon all the ordinary media under aërobic conditions, with production of a peculiar odor, like that of fermenting malt. The duration of life in the dry state is considerable. The bacillus stains with all ordinary aniline dyes, but is not stained by Gram's method. It is pathogenic for various kinds of mice, and produces localized inflammation in rats and guinea-pigs. In Abel's opinion, it may be considered as the cause of ozæna. Probably the specific organism has nothing directly to do with the production of the well-known fœtor; the odor given off by cultures justifies this supposition. When the ozæna bacillus is absent, as in simple chronic inflammatien of the nasal mucous membrane, the specific secretion is not furnished; hence there is no decomposition and, consequently, no fœtor.—*Centralblatt für Bakteriologie und Parasitenkunde*, etc., Bd. xiii, Nos. 5 and 6.

Great Britain.

PROF. H. OBERSTEINER,
EDITOR OF THE DEPARTMENT OF DISEASES OF THE SPINAL CORD.

All books, theses, monographs, etc., upon the above subject, should be sent to

PROF. H. OBERSTEINER,
XIX Döbling,
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Austria.

Myelitis.—STEEL and WILLIAMSON, of Manchester, have had under observation a peculiar case of acute myelitis, which, owing to the sudden oncoming of the symptoms, had the appearance of hæmatomyelitis. The case in question was that of a girl, aged 13, who, while apparently in good health was suddenly unable to move her arms; one hour later the legs were also paralyzed; there was retention of the urine, and soon after the intercostal muscles became paralyzed, so that breathing was rendered difficult. With some other symptoms, analgesia and thermo-anæsthesia below the seventh left rib and hyperæsthesia of the right leg occurred. Forty-two days after the beginning of the disease the girl died, having typhoid symptoms. No trace of hæmorrhage was found in the spinal cord, but there was diffuse myelitis, involving, principally, the gray substance of the lower cervical region and the upper dorsal portion. The left posterior horn was especially affected, corresponding to the disturbance of sensibility on the left side. The sudden appearance of paralysis might also have been accounted for by stoppage of the spinal arteries, occasioned by emboli, or also by the presence of micro-organisms. Although these were looked for, none could be found.—London *Lancet*, January 21, 1893.

Acute Myelitis.—WATSON, of Torquay, gives an account of a case of acute myelitis resulting in complete recovery, which is certainly of unfrequent occurrence. The patient was a male, aged 43, the cause of the trouble probably a long stay in a damp locality. The first symptoms were a feeling of numbness in the feet and retention of the urine. Later on, the right leg became entirely paralyzed and the left one almost entirely so; there was no plantar or cremaster reflex on either side; both patellar reflexes were increased, but more so on the right than on the left side; ankle-clonus well marked on both sides. Under treatment by iodide of potassium his condition improved until, after two months and a half, he was dismissed, cured. —London *Lancet*, January 14, 1893.

Italia.

PROF. F. MASSEI,
REDATTORE CORRISPONDENTE PER LE LARINGOLOGIA E RINOLOGIA.

Si prega di mandare tutti i giornali, libri, stampe, etc., sulle suggetti sopra nominate che vedono la luce in Italia al

PROF. F. MASSEI,
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Napoli.

Malignant Tumors of the Naso-Pharyngeal Vault.—G. FERRERI, in accord with Rossi, is of the opinion that electrolysis is one of the most convenient methods of treatment in malignant tumors (as a palliative), as well as in benign neoplasms. This view is supported by clinical cases.—*Archivio Italiano di Otologia*, etc., January, 1893.

Two Cases of Extirpation of the Larynx.—A. TOTI reported two cases of laryngectomy. In the first case, a woman aged 66 years, the extirpation was partial, was performed for carcinoma, and was followed by recovery. In the second case, a woman aged 45 years, suffering from tachycardia, the entire larynx was removed. Death from tachycardia occurred fifty-four hours after the operation.

Massei does not agree with the author as regards the indications for laryngectomy, owing to the fact that those for primary tuberculosis, although very theoretical, are the more rational. As far as early intervention is concerned, the difficulty of diagnosis remains the same.—*Lo Sperimentale*, fasc. v and vi, 1892.

Clinical Contribution to Infectious Rhinitis.—G. STRAZZA relates two cases of pseudomembranous rhinitis, the one in a child 8 years of age, the other in a man 38 years old. In the first case the Loeffler bacillus was obtained; in the second a streptococcus was found, which presented neither the character of that of erysipelas nor that of the pyogenes. Basing himself upon the difference between these bacteriological signs, he prefers to term it merely "infectious rhinitis."—*Gazzetta degli ospitali*, January, 1893.

Phases, Nature, and Treatment of Laryngeal Papillomata.—F. MASSEI gives an outline of his views, quoting those of Garel, Causit, and Thost in relation to the disappearance of laryngeal papillomata after tracheotomy. This regressive phase, which commonly succeeds the progressive one after a

certain time, and which is followed by certain dangerous complications, such as narrowing of the larynx, merits, he thinks, the greatest attention, not only as regards our knowledge of the nature of these growths, but also as regards their treatment. He alludes to the interesting labors of Norris, Wolfenden, and Martin in this connection. The presence of small round-cells causes a papilloma to resemble a granuloma; hence the possibility of a retrogressive stage which may end with disappearance of the neoplasm. On account of this, the author wonders whether it is right to continue to include these papillomata among the tumors of the larynx.

The treatment advocated is in complete accord with these views. When it cannot be continued *per via naturale*, or when there is danger in doing so, resort should be had to tracheotomy. Laryngotomy and laryngectomy are not justifiable, and tracheotomy may be sufficient for recovery. Ichthyol and curettement are also recommended.—*Transactions of the First Italian Laryngological, Otological, and Rhinological Society*, 1893.

Laryngeal Mucus in Leprous Subjects in Relation to the Leprosy Bacillus. Treatment of Leprous Infiltrations in Mucous Membranes.—G. STRAZZA carefully describes two cases in which the different durations of involvement of the larynx by the leprous process made it possible for him to accurately compare the difference of the lesions as affected by time. In the most recent of the cases, as regards local involvement, the red color of the larynx was somewhat more marked than in the older, while the anæsthesia was incomplete. In the older case, anæsthesia was complete and all other pathognomonic symptoms were present. The bacillus of leprosy was not to be found in the mucus of either case, this being in accord with the views of Campana, *i.e.*, that the bacillus of leprosy (aërobic) develops in the depths of the tissues in mucous membranes as well as in the tissues.

Strazza obtained excellent results in a third case by means of galvano-cautery after the removal of two large growths from the epiglottis.—*Archivio Internationale delle specialità medico-chirurgische*, February, 1893.

Perilaryngeal Abscess in a Case of Actinomycosis.—C. POLI, in a case of actinomycosis, the diagnosis of which was confirmed by microchemical examination of pus obtained from a perilaryngeal abscess present, accidentally observed the characteristic sulphur-yellow granulations found in these cases. The trouble had begun with sore throat; and stigmata, the remains of a former pharyngeal phlegmon, were observed. After the operation, the dyspnœic symptoms, which were due to laryngeal compression, disappeared, and recovery followed a vigorous antiseptic treatment. The case is of special importance when we consider that cases of actinomycosis are comparatively rare in Italy.—*Gazzetta degli ospitali*, March 14, 1893.

The Diagnosis and Treatment of Idiopathic Retropharyngeal Abscess in Children.—F. MASSEI wishes to demonstrate in this communication, read before the Italian Congress of Pediatrics, how frequently this form of abscess may be mistaken for other disorders, such as retropharyngeal sarcoma, coryza, tonsillitis, croup, typhoid fever, diphtheria, etc. This he considers as due to the presence of symptoms common to both nose and

larynx, according to the location of the abscess—whether in the upper or lower pharynx—or the prevalence of constitutional signs which, to a degree, suppress the local symptoms. Hence the importance of careful examination, in which the finger for exploration *in situ* is to play an important part. His observations are based upon forty cases.—*Archivii Italiani di Laryngologia*, April, 1893.

Contribution to the Diagnosis of Malignant Tumors of the Nasal Cavity.—F. RONCALLI reports two cases of malignant neoplasm of the nose. In the one the diagnosis was established microscopically, the other clinically. The melanic appearance was simulated by bloody pigment in different phases of transformation. The growth was located in the vault, and did not originate on the septum nor from the accessory cavities, as is commonly the case.—*Archivio Italiano di Otologia*, April, 1893.

Sarcoma Simulating Melanosarcoma.—V. COZZOLINO reports a case of sarcoma of the bony portion of the septum, on the right side, composed of polymorphous cells, which simulated melanosarcoma. It extended to and involved the nasal floor.—*Archivio Italiano di Otologia*, April, 1893.

Russia.

DR. J. DRZEWIECKI,

РЕДАКТОР-КОРРЕСПОНДЕНТ

из области русской литературы, касающейся: Общей медицины и терапіи, педіатріи, акушерства, гинекологіи, ларингологіи, отологіи, гигіены, демографіи, судебной медицины, гистологіи, бактеріологіи, анатоміи и физіологіи.

Всѣ періодическія, медицинскія изданія, сочиненія, отчетъ, монографіи и т д., изданныя на русскомъ языкѣ и касающіяся вышеозначенныхъ предметовъ должны быть адресованы на имя

ДРА ДРЖЕВЕЦКАГО.

87 Краковское Предмѣстье,

Варшава.

The Influence of the Cerebral Hemispheres upon the Heart and the Circulatory Apparatus.—TSHEREVHOFF undertook to explain the following points as regards the relation between the brain and the circulatory system: 1. How is irritation of a given spot transmitted? 2. Is it through the vagi directly, or through crossing fibres? Can the excitation, transmitted from one cell of the gray substance to the other, be arrested by vertical or oblique section of the irritated region?

The experiments were conducted upon dogs. After trephining, different parts of the brain, especially the gyrus sigmoideus and the sulcus cruciatus, were irritated, and he found that the greatest effects (increase of blood-pressure and alteration in the action of the heart) were produced when the gyrus sigmoideus and the sulcus cruciatus were excited. The results are summed up as follows: 1. The maximum effect (increase of blood-pressure and modification in the heart's action) was obtained when the gyrus sigmoideus and sulcus cruciatus were excited. 2. The effects obtained were of three kinds: (*a*) increase of blood-pressure without alteration of the heart's action; (*b*) increase of pressure and acceleration of cardiac action, lasting, however, but a short time; (*c*) considerably accelerated action and increase of pressure.

The same results were obtained when the white substance was excited, the manifestations, however, being of shorter duration. The stimulation of

the vagi was only passed "crossing." Oblique section (as regards the periphery of the hemisphere) of the irritated portion of the cortex, having for its object its isolation from other parts of the cerebrum, at times diminished the effect, and at other times remained without result. It was only when vertical section of the anterior parts from the posterior—*i.e.*, from the excited area—was performed that the pressure fell and the action of the heart became regular.

The author, basing himself upon the totality of his experiments, concluded that all changes in the action of the heart and vessels are obtained in animals through the spasm induced by the action of the electrical current. The process itself and the development of effects he explains as follows: The stimulation goes to the cortex as well as into the depth, to the fibres of the corona radiata, and, reaching the circulatory centre through the latter, it occasions spasm of the peripheral vessels of the skin, abdominal cavity, and muscles subjected to our will; the vasomotor effect appears, and, as a secondary result, that upon the heart's action. At the same time, also, the neighboring parts of the cortex get excited, but to a lesser degree. Passing from cell to cell, the excitement gradually returns to its starting-point, and here occasions a secondary effect. It is to be understood that if this region is separated by section from the neighboring parts of the cortex, the effect of stimulation by the current is not manifested. He demonstrated by these experiments the fact that the spasmogenic portion of the cortex could be removed in cases of epilepsy.—*Inaugural Dissertation*, Harkoff, 1892.

Sugar in the Urine of Pregnant, Lying-in, and Nursing Women.—L. J. BERBEROFF, basing himself upon investigations,—unfortunately not sufficiently numerous,—concludes that lactine only appears in the urine when more milk than is necessary is secreted by the gland. It therefore appears in the urine from the third to the fifth day, when the function of the gland and its production increase, while the infant still requires but little milk. On the other hand, however greatly the mammæ may be developed, when the child sucks out the milk entirely,—*i.e.*, when the equilibrium of production and consumption is kept up,—no sugar is to be found in the urine. When, on the contrary, there exist conditions in connection with moderately-developed mammæ tending to arrest the production of milk in them, sugar appears in the urine. Among these conditions must be included changes in the mammary gland through which sucking is arrested, cracked nipples, mastitis, etc. In fact, sugar was most frequently found by him in parturient women suffering from these disorders.—*Vratch*, No. 16, 1893.

Iodide of Potassium and Sodium in the Treatment of Pneumonia Cruposa and Gripposa Chronica.—According to G. ZIELINSKI, iodide of potassium and sodium can be employed with advantage in the chronic forms of croupous pneumonia and the pneumonia following or complicating influenza, beginning on or about the twelfth day of the disease,—and, under certain conditions, even earlier,—in doses of 1.5 to 2.0 grammes (20 to 30 grains) per day for adults, and proportionately smaller ones in children. The crisis and lysis appeared, in many cases, on the second or third day of treatment.

The iodides cause the disease to sooner reach a favorable culmination; prevent complications owing to its effect upon pneumococci and upon inflammation, or, rather, its biological product—pneumotoxin; besides these features, favoring to a considerable degree the regressive metamorphosis of the products of inflammation and their removal, partly by absorption, partly by expectoration.—*South Russian Weekly Medical Journal*, Nos. 12 and 13, 1893.

Relapses in Typhus.—V. J. PODANOWSKI, after a study of this subject, reached the following conclusions: 1. Two forms of relapses are to be distinguished, typical and atypical, each possessing its own distinct identity, from which we must not depart in order to avoid entanglement in the conclusions. 2. The relapses find their origin in the action of the virus which occasioned the primary illness; no positive proof exists as to its being due to secondary infection. 3. Relapses may be classed among rare phenomena, the high percentage of recurrence of the disease recognized by many authors being the result either of mistakes in diagnosis, inappropriate hospital diet, or imperfect treatment. 4. The frequency of relapses present such a constant proportion that the possibility of establishing a certain average is suggested. 5. The relapses occur most frequently during the winter and autumn months. 6. Sex and age seem to have no influence upon their frequency. 7. Typical relapses are most liable to occur after slight or normal forms of the disease; the atypical, after the grave forms. 8. The frequency of recurrence does not depend upon the character or severity of the epidemic. 9. There is reason to believe that the surroundings of the patient and the method of treatment may act upon the frequency of the relapses; with proper diet and even indifferent treatment the chances of relapse are minimized. 10. Observations would tend to indicate that, the longer the primary disease continues and the longer its apyretic stage lasts, the shorter will be the relapse, and *vice versâ*.—*Botkins Medical Gazette*, Nos. 7 to 13, 1893.

Sweden.

DR. F. EKLUND,
Brefvixlande Medarbetare
för den
SVENSK MEDICINSK
LITTERATUR.

Af alla i Sverge utkommande medicinska tidskrifter, bocker, afhandligar, monographier a. s. v. torde ett exemplar benäget öfversändas till

DR. ABRAHAM
FREDRIK EKLUND,
Sibyllegatan, 3 A,
Stockholm.

Intra-cranial Complications of Otitis Media Purulenta.—J. G. RISSLER considers the question as to how often, in proportion to other diseases, death occurs from the intra-cranial complications of otitis media purulenta. Among 3576 post-mortem examinations at the Royal Institute of Sweden, from 1862 to 1892, there were found 21 deaths from this cause; and at the Sabbatsberg Hospital, from 1879 to 1891, 12 cases of death from the same cause were found among 3234 cases examined post-mortem.

In opposition to von Bergman (monograph, "Ueber die chirurgische Behandlung den Gehirnkrankheiten," p. 36), Rissler states that, as

a rule, the otitic brain-abscess is situated quite close to the part of the petrous bone in which the lesion has been made by the otitis media. In 58 out of 75 cases of such abscess, post-mortem examination confirmed this view of Rissler, who cites a case of his own proving that a thrombo-phlebitis of the transverse sinus may serve as a means of transmission of the disease to a portion of the brain at some distance from the otitis media.

When symptoms secondary to otitis media have led to the diagnosis of an intra-cranial affection, and drainage of the tympanic cavity and the mastoid antrum have been performed, Rissler believes that exploratory trephining is indicated, and he advocates this operation in cases of brain disease in which the diagnosis is at all obscure.—*Dissertation*, Stockholm, 1893. 79 pp.

Studies on the Clinical Pathology of Idiocy, with Researches on the Normal Anatomy of the Cortical Substance of the Brain.—CARL HAMMANBERG has attempted to establish a clinical pathological classification of the various forms of idiocy. His results may be thus summarized: In all the cases examined by him, representing the chief groups of idiocy, the author was able to explain the psychical defects by a deficiency in nerve-cells capable of performing their functions in the cerebral cortex, and to show that the brain-cortex had been checked in its development at a certain stage. If this interruption of development has taken place in the latter part of fœtal life, and the greater part of the brain-cortex has not reached a higher development than the cortical substance in the normal brain, the patients have no trace of consciousness. Psychical development is impossible. To this class belongs the group called "naturals" by the author.

If arrest has taken place during fœtal life or the first year of life, and the greater part of the cortical substance of the cerebrum has not reached a higher development than is observed in the first years of life, the patients are not devoid of consciousness and conception, but psychical development remains as it is in the normal child in infancy. To this class belong the feeble-minded to a high degree.

If development has been arrested during the first year of life, and but a small portion involved, while the greater part of the cortex is completely developed in every respect, except as to the number of cells, which are less than normal, the psychical function is slower than normal, but the patient is not in the same mental condition as the normal infant. To this class belong the feeble-minded to a moderate degree.

According to the territory of the brain in which development has been arrested, there arise disorders of motility or sensibility, and of the nerves. —*Academical dissertation*, Upsala, 1893. 106 pp.

Medico-Legal Investigation in Criminals.—AX. JOH. EKDAHL admits that his researches on this subject have not enabled him to give a definite answer to the question as to whether or not a criminal is insane.—*Dissertation*, Lund, 1893. 88 pp.

United States.

DR. SAJOUS,

EDITOR OF THE DEPARTMENT OF RHINOLOGY AND LARYNGOLOGY.

All books, theses, monographs, etc., upon the above subjects, should be sent to

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Nasal Hypertrophies.—G. V. WOOLEN, of Indianapolis, calls attention to the importance of hypertrophy of the anterior of the middle turbinated body as a causative agent in hemicrania, mental hebetude, amnesia, etc., and ascribes to the nasal branch of the fifth the position of transmitter of pathogenic influence. The pressure exerted upon this nerve by the hypertrophied area sufficed, according to him, to occasion the nervous manifestations, owing to the intimate association of the vascular and nervous supply. He has observed 50 per cent. of recoveries to follow appropriate treatment, when this pathological cycle was found to exist, and when sufficient pressure existed, for the hypertrophies may exist and occasion no reflex untoward symptom, if there exist sufficient room between the growth and the nasal walls. The method of removal advocated is that by the snare, cauterizations, in this region, presenting elements of danger.—*Journal of the American Medical Association*, October 22, 1892.

Etiology of Atrophic Rhinitis.—H. M. WILSON, of Denver, criticises Bosworth's views regarding the cause of atrophic rhinitis,—*i.e.*, the mechanical pressure exerted by a closely-adhering film, in turn the result of a desquamative inflammation of the membrane. He cites cases in his own practice, and that published by Wagner, to support his opinion that the affection follows a low form of inflammation of the turbinated bodies, which eventually results in their atrophy; that the later stages of the disease give every evidence of having been preceded by hypertrophy; that the subjects of this disease present themselves for treatment of the throat, either entirely ignoring the nose or referring to it merely in an incidental way; and, finally, that this variety of atrophic rhinitis, by its simpler process, offers the logical explanation of the more complicated form.—*New York Medical Journal*, November 12, 1892.

United States.

PROF. H. OBERSTEINER,

EDITOR OF THE DEPARTMENT OF DISEASES OF THE SPINAL CORD.

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Austria.

Family Form of Spastic Paraplegia.—L. NEWMARK, of San Francisco, comprehensively describes a number of cases of the family form of spastic paraplegia. In the first family two children of one mother have been affected since early childhood; the majority of the other children of this family show decided augmentation of the tendon reflexes, and a cousin is subject to epileptic fits and has paresis of all the extremities. In the second family, three brothers suffer from spastic paraplegia, which did not, however, develop until between the seventh and fourteenth years; in this family also augmented

tendon reflexes are of frequent occurrence; it is, therefore, most probable that the paralysis results from a neurotic tendency. The injuries, sometimes resulting from the time of birth, which have frequently been advanced as causing these affections, are probably of much less importance, from an etiological stand-point.—*The American Medical Journal of the Medical Sciences*, April, 1893.

Electricity in Muscular Atrophy.—GRAEME M. HAMMOND, of New York, finds that, upon the application of electrical treatment during a long time, it is often possible to bring about a great improvement in the condition of such muscles as have become atrophied during the course of poliomyelitic disease, and bases his opinion upon three cases.—*The Journal of Nervous and Mental Diseases*, No. 1, 1893.

Myelitis Syphilitica.—KUH, of Chicago, who has, under Erb's supervision, made a general study of the literature on the subject of myelitis syphilitica, with the addition of several of his own cases, also states that the majority of cases of myelitis resulting from syphilis are recognizable by certain clinical symptoms, as has also been stated in detail by Erb. (See 1893 series of ANNUAL, Section B.) This clinical type also appears to correspond with an identical pathological process; that is to say, an infiltration proceeding from the small vessels, having the peculiarity of affecting certain "crosswise" layers of the spinal cord in a uniform degree of intensity. Lengthwise, the disease process, in the majority of cases, becomes localized in the dorsal cord, much more rarely in the lumbar cord, and only exceptionally in the cervical cord. Through these various localizations, the variations in the otherwise identical symptom complex are occasioned and made clear.—*Deutsche Zeitschrift für Nervenheilkunde*, Bd. iii, No. 6.

Early Diagnosis of Locomotor Ataxia from Eye Symptoms.—HANSELL, of Philadelphia, discusses the possibility of the early diagnosis of locomotor ataxia from the eye symptoms. The conclusions are: Transient ptosis, or external ocular paralysis, may be one of the earliest symptoms of locomotor ataxia. The Argyll-Robertson pupil, uniocular or binocular, may precede, for a variable length of time, the general symptoms of locomotor ataxia. Idiopathic non-inflammatory atrophy of the optic nerve may be the first manifestation of locomotor ataxia. Transient ptosis, or diplegia, Argyll-Robertson pupil, incipient optic-nerve atrophy, associated in an individual past middle life, of inherited neurotic tendency, are strong presumptive evidence of the first stage of locomotor ataxia.—*The Journal of Nervous and Mental Diseases*, April, 1893.

Syphilis of the Spinal Cord.—B. SACHS, of New York, does not fully agree with Erb's picture of the type of syphilis of the spinal cord. According to his experience the following symptoms are especially characteristic of this affection: 1. The usual distribution of the disease over the greater portion of the cord, involving in some cases the cervical, lower dorsal, and lumbar cord. 2. The relatively slight intensity of the morbid process as compared with the extensive area involved, as evidenced by the

preservation of some of the functions of the cord with complete loss of others. 3. A rapid dwindling of some of the symptoms and a very chronic persistence of others. 4. The very frequent history of other symptoms pointing to specific disease in the same, or in other parts of the central nervous system. The pathological process in the spinal cord usually progresses slowly; it has a remarkable tendency to increase for a time, and then, whether as a result of treatment or not, to recede, and then possibly to increase with renewed force.—*The Journal of Nervous and Mental Diseases*, May, 1893.

Clinical Notes.

Limited Importance of Albuminuria in the Diagnosis of Bright's *Disease*.—In a recent address delivered before the Academy of Medicine of Paris, DIEULAFOY tried to prove that too much importance is given to albuminuria in establishing a diagnosis of Bright's disease and gauging its gravity, basing his opinion upon observations in sixty cases taken from his hospital wards, and duly classified.

In the first category were included six cases in which death followed all the major signs of uræmia, after having presented most of the minor signs; no albumen, however, had been found at any time, although the post-mortem examination demonstrated the existence of characteristic lesions of Bright's disease.

In a second group he placed certain cases in which albumen was found at certain periods only, outside of which periods it was impossible to diagnose chronic nephritis by searching only for the pathognomonic symptom, albuminuria. Dieulafoy therefore concluded that this symptom had but little value in the diagnosis of Bright's disease. It should only serve to confirm the presence of the disease as corroborative evidence; for, being far from trustworthy, it might otherwise lead to a diagnosis of Bright's disease in subjects having had albumen a long time without showing signs of ill health. To avoid having recourse to a symptom proven to be so untrustworthy, this illustrious observer proposes that one should make use of those "minor signs," for the most part unperceived generally, which he was the first to describe under that name in his works on the subject. These minor signs, according to him, serve to indicate the initiatory stage of Bright's disease, the malady itself being characterized by the major signs, such as dyspnœa, cephalalgia, convulsions. He describes, in turn, the symptoms furnished by the sense of hearing,—the buzzing and whistling varieties of tinnitus so frequent in cases of Bright's disease; the strange sign that he designates as the "doigt mort" (dead finger), characterized by a sensation analogous to that produced by putting one's fingers into snow; itching, etc., etc. He also speaks of cryæsthesia, that sensation of feeling cold peculiar to victims of Bright's disease; slight epistaxis in the

morning, and also the painful cramps in the legs which only cease on the patient's getting out of bed, are also symptoms to be noted.

Dieulafoy has always found these minor signs of use in the diagnosis of chronic nephritis, and had them controlled by measuring the degree of toxicity of the urine of patients; he always found a smaller degree of toxicity than is normal, this serving to prove that the substances to be eliminated by the kidneys remained in the system to gradually poison it.

As to treatment, Dieulafoy considers that milk diet is the only effective means at our disposal. He does not attach much importance to the variations in the quantity of albumen excreted while under the influence of this treatment, as the improvement—the cure, even, of certain patients—is shown by the disappearance of the minor signs, sometimes even by that of the major symptoms. This he has witnessed in two groups of patients where the two pathological conditions were associated,—Bright's disease and chlorosis on the one side, and Bright's disease and syphilis on the other.

He also examined into the manner in which Bright's disease is modified by being associated with gout, chlorosis, or kindred affections. Gout shows itself in the kidneys either by calculi or by nephritis. The kidneys of a gouty subject should therefore be well looked to, as nephritis of an arterial nature is apt to supervene. As to the prognosis, a distinction must be established, in a gouty subject, between the minor signs of Brightism and albuminuria appearing by itself; in the latter case, it is simply a case of gouty albuminuric diabetes, without much gravity.

Remedy Against Seasickness.—FOURNIER, the French chemist, the discoverer of cérébrine, the remedy for migraine, claims to have found in "pélagine" an infallible remedy for seasickness. Fournier has been endeavoring to solve this problem since 1884, and states that, from experiments made on board the steamer *Gascogne* during a voyage from Havre to New York, the efficacy of his remedy can no longer be doubted. During the said voyage Dr. Marrion, the ship's surgeon, and several other medical men interested in the subject, treated five of the passengers, of various nationalities, and administered pélagine in prescribed doses according to the exact indications of Fournier. The result is said to have been very remarkable. This was most noticeable in the case of a German lady, who was suffering greatly from seasickness, with dizziness and fainting spells. She recovered at once, and was able to appear in the ship's saloon. In the same manner a Mexican, an Englishman, and three young American ladies, also passengers on the *Gascogne*, were cured by using pélagine. The constituents of this mysterious remedy are not yet divulged.

Empyema of the Antrum.—At the recent meeting of the French Laryngological Society CARTAZ gave an interesting review of this subject. Until twenty years ago empyema of the antrum of Highmore was only diagnosed when the cheek became much swollen, together with signs of inflammation. The disease is now recognized by unilateral suppuration, the presence of pus around the opening of the antrum and over the posterior half of the

middle turbinated bones, opacity of the sinus when tested for translucency, together with neuralgic pains, etc. Dental lesions are, in the majority of cases, the cause of the disease, but the affection may originate from diseased conditions of the nose. The method of treatment depends upon the etiology of the disease; when due to the presence of a carious tooth, this must be removed. If due to other causes, the cavity must be opened through the inferior nasal meatus. This second method should especially be adopted if the diagnosis is uncertain, and it is advisable to perform an exploratory operation so as to confirm the diagnosis. Three methods of operation have been adopted. By Louondain's method the aperture of the antrum into the middle meatus is enlarged by passing a catheter. The patient, however, is unable to wash out the antrum himself, and, owing to the position of the opening, thorough evacuation of the purulent contents cannot be insured. It is better to open the antrum through the inferior meatus by a drill or trocar. This method should only be used when there are no carious teeth. In Cooper's operation the cavity is opened through the alveolus of the bad tooth; an instrument is first introduced through the roof of the alveolus, and then the aperture is increased in size by the drill. Desault's operation consists in raising a flap of mucous membrane and periosteum from the bone in the region of the canine fossa, and then opening the cavity by paring the bone with a chisel. Cooper's operation is the best, except when it is wished to curette the whole of the cavity; then Desault's method is advised. Louondain's method should only be used when the diagnosis is uncertain. After opening the cavity and evacuating the contents irrigation with antiseptics, insufflation, or packing with tampons of gauze may be done. All these methods, according to the author, give good results. Cartaz has operated on thirty-two cases through the mouth, three through the canine fossa, and twenty-nine through the alveoli.

Diffusion and Resistance of Koch's Bacillus.—CADÉAC and BOURNAY, of Lyons, have established the fact, by a series of experiments, of the resistance of Koch's bacillus to the digestive fluids in dogs and pigeons fed upon the organs of tuberculous animals. Furthermore, an important practical point, these researches show that in dogs thus fed the bacilli are excreted in the fæcal matter; here, then, is a dangerous mode of diffusion: contamination of stables, soil, etc.—*Le Bulletin Médical*, June 14, 1893, p. 554.

A Case of Acute Rheumatismal Peritonitis.—LAVERAN reports the history of a patient who was suffering from acute articular rheumatism. In the course of this disease the primary symptoms of a fatal peritonitis appeared. Bacteriological examination of the pus having shown the existence of streptococci, the author was forced to admit the fact of a mixed infection; the rheumatism, by acting upon the peritoneum and debilitating the organism, had probably favored the invasion of this tissue by the streptococcus. The hypothesis that the case was one of infectious pseudo-rheumatism was not tenable, inasmuch as the patient had had a previous attack of articular rheumatism.—*Le Progrès Médical*, June 17, 1893, p. 456.

Recent Suggestions in Therapeutics.

BRONCHIECTASIS.

TO FACILITATE COUGHING. Patient to lie on bed or lounge, with one hand on the floor and the head almost reaching to the hand, thus enabling pocket of pus to empty itself, with slight cough. To be repeated four or five times daily. (H. D. Didama, *Journal of the American Medical Association*, March 13, 1893.)

CARDIAC DISEASES.

SYSTEM OF PHYSIOLOGICAL THERAPEUTICS BASED ON MYOPATHIC ELEMENT AS MAIN PATHOLOGICAL STATE. Great attention to *diet*, especially in dyspeptics. In obese subjects, frequent administration of small quantities of food and liquids. 1. *Iodides* (well diluted—ED.), as vaso-dilators and to produce energetic systole. 2. *Chloral* and *nitrite of amyl*, vaso-dilators acting by paralyzing vasomotors. 3. *Strychnia* and *ergot*, vaso-constrictors, temporary in their effects. The second group of cardiac regulators is represented by *digitalis*, which acts upon vasomotors, causing large diastole, and strong systole when the ventricle is full. *Digitalis* is the best remedy to oppose to vascular tension. Then comes *strophanthus* of high systolic power, *spartéine* as a potent regulator, then *convalamarine*, *adonidine*, and, finally, *atropine*. The third group consists of the *caffeines*, diuretic regulators, acting upon the nerves and muscles, as well as upon the kidneys. *Caffeine* acts as a diuretic of the first order, modifying disorders of compensation through this diuretic power. Then *theobromine*, possessing much of the same powers, and *milk*, whose marked diuretic properties are due to lactose. *Squills*, a renal diuretic, and *calomel*, whose diuretic action has but recently been recognized. For cardiac dyspnœa, *morphine* of marked value, *atropine* less advantageous. *Pyridine*, taken by inhalation, during paroxysm: very effective. Palliative auxiliaries consist of large series: anæsthetics (*chloroform* and *ether*), soporifics (*sulphonal*, *chloralamide*, *paraldehyde*), sedatives (*bromide of potassium*, *cannabis Indica*), paralgesics (*antipyrin*), tonic auxiliaries (*quinine*, *arsenic*, *iron*, *alcohol*), and, finally, the accessory evacuants and aperients and depressing agents (purgatives, derivatives, sudorifics, bleeding). (*La Thérapeutique Physiologique du Cœur*, by Prof. Germain Sée, 1893.)

THERAPEUTICS OF FUNCTIONAL DISORDERS. Points to be borne in mind.—Four groups: 1. Functional disorders, without alteration of parenchyma. 2. Diseases including lesions subject to return *ad integrum*. 3. Diseases with definite lesions,—*i.e.*, organic disorders. 4. Vices of conformation and infirmities. The influence of age on the equilibrium between accelerator and moderator nerves to be borne in mind. Accelerator overbalances moderator in youth, opposite in old age, etc.; indicated by pulse-rate. (Prof. Constantin Paul, *La Tribune Médicale*, June 8, 1893.)

CHLORALOSE.

NEW HYPNOTIC. Marked soporific qualities, destitute of untoward effects on awaking. Excitant of spinal cord, no action on heart or respiration. Dose, 4½ to 15 grains (0.30 to 1 gramme). In lunatics, sleep obtained with 4-grain (0.25 gramme) doses, but gradual increase necessary. Insomnia returns when discontinued. Subfebrile temperature observed in one case; temperature usually falls from 2° to 0.90 C. (3.60 to 1.60 F.). Urine generally increased, including urea and chlorides. Considered by author as least harmful of hypnotics in use; tremor and loss of memory observed by Lombroso. (D'Amore, *Gazzetta degli ospitali*, June 1, 1893.)

CHLOROSIS.

GREEN CHLOROSIS. The most common form. Pallor, palpitations without alteration in cardiac volume, "effort" dyspnœa (C. Paul), dyspepsia with anorexia, acidity, and distension; amenorrhœa, leucorrhœa. Main cause of this form of chlorosis, arrest of development of organs of generation. Iron by hydrogen worthless. *Iron-Alinga* (impalpable, porphyrized), 3 grains (0.20 gramme) *cinnamon*, 3 grains (0.20 gramme) *saffron*, ¾ grain (0.05 gramme) in capsule; 3 per day, after meals. If diarrhœa, suspend iron and give tonics (*colombo*, *bismuth*); resume iron when diarrhœa ceases, but not during menstruation. If constipation, employ soluble preparations (*tartrate*, *citrate*, *phosphate*, or *oxalate of iron*), in doses of from 3½ to 15 grains (0.25 to 1 gramme) per day, adding ¾ to 1½ grains (0.05 to 0.10 gramme) and 1-6 to ⅓ grain (0.01 to 0.02 gramme) *extract of belladonna* when required. If gastric derangement, *lactate*, *carbonate*, or *iodide of iron*, or, better still, *hæmoglobin*. If pyrosis, before beginning with iron, *phosphate of lime* (bicalc.). Combat menstrual disorders with *arseniate of iron*, 1-64 to 1-12 grain (0.001 to 0.005 gramme) per day, if menorrhagia; for amenorrhœa, *apiol* or, better still, *gossypium*, given with care, in daily doses of 30 to 60 drops of the fluid extract. Dysmenorrhœa can be met with *viburnum trifolium*, 30 to 60 drops daily. Nutritious diet, without exclusion of any particular kind of food. *Sea-air* of much value to "green" chlorotics, and prejudicial in "white" chlorosis, of nervous origin. *Daily sea-bathing* valuable in former, immersion to last only a few minutes, *followed by hot foot-bath*. Twenty-five baths, in as many days, recommended. Mountain-air favorable, but not at altitudes above 3000 feet. Hydrotherapy does not cure; cold douches badly borne. Gymnastic exercises exhausting; moderate walking advantageous. Mineral-water stations (Forge, Luxeuil, Plombières, Vittel, in France; Spa, in Belgium; Schwalbach and Homberg, in Germany) recommended.

"WHITE" OR NEURASTHENIC CHLOROSIS. Predominance of nervous phenomena; insomnia, cephalalgia and spinal pains, lipothymia, vertigo, muscular and cerebral weakness, the latter at times affecting intelligence and will. Do not tolerate iron; sea-air unfavorable; country-air alone borne but in valleys. (To be continued.) (Lecture by Prof. Constantin Paul, at *Charité Hospital*, May, 1893.)

CHRONIC BRONCHITIS.

FETID SPUTUM. To reduce fœtor and lessen expectoration, reduce temperature and improve general state; intra-laryngeal injections of *guaiacol*, ʒiss (6 grammes); *menthol*, ʒx (40 grammes); *ol. olivæ*, ℥viij (200 grammes). Thirty drops of this solution to be injected daily. Internally, pill composed of *iodoform* and *creasote*, of each gr. j (0.07 gramme); *croton chloral hydrate*, gr. ij (0.15 gramme) three times a day. (James McNaught, *British Medical Journal*, June 24, 1893.)

INTERMITTENT FEVERS.

Sulphate of cinchonidine as effective as *quinine* in same doses, and, besides, valuable effect against the anæmia and visceral engorgement caused by malaria. Disappearance of active symptoms (usually) second day, sometimes first. Dose, 1 gramme (15 grains), generally sufficient; may be increased to 1.20 grammes (18 grains), or even 1.50 grammes (22 grains). Physiological effects less marked and frequent than with *quinine*. Much less expensive. Observations based on extensive experience. (H. Villard, *Nouveau Montpellier Médical*, March 1, 1893.)

LARYNGISMUS STRIDULUS.

IDIOPATHIC. Observed almost exclusively in children presenting unmistakable signs of rickets with disturbances of central nervous system. Analogy between symptoms of both affections marked, although any of them may occur alone, or be combined in various ways. Both benefited by *phosphorus* in medicinal doses. (Kassowitz, *Wiener medicinische Woch.*, Nos. 13 to 21, 1893.)

SALOPHEN.

NEW ANTIRHEUMATIC AND ANTINEURALGIC. Combination of salicylic acid and acetylpara-amidophenol intimately combined. Insoluble in cold water; dissolves in hot water, *alcohol*, and *ether*. White crystals. Alkalies cause separation. Dissolved in alkaline secretions of small intestine. Pain, swelling, and pyrexia of acute rheumatism soon relieved by doses of 3 to 5 grammes (45 to 75 grains) per day. Tasteless; no unpleasant after-effects. In chronic form of rheumatism, to be alternated with other drugs. In nervous affections (neuralgia, sciatica, pleurodynia, neuritis, cephalalgia, hemicrania), its greatest field. In mild cases, 0.75 gramme (11 grains); in severe forms, 3 to 4 grammes (45 grains to ʒj). Best administered in powder, in 0.75 to 1 gramme (11 to 15 grains), at a single dose, in capsules. (E. Koch, *Deutsche medicinische Wochenschrift*, May 4, 1893.)

TACHYCARDIA ("PALPITATIONS").

Recumbent position in bed, with feet against foot-board. Deep inspirations and pressure with both arms on chest and abdomen during sixty seconds. (Rosenfeld, *International klinische Rundschau*, June 18, 1893.) Morphia and psychical treatment. (Schott, *International klinische Rundschau*, June 18, 1893.)

TYPHOID FEVER.

CARBOLIC-ACID TREATMENT. Marked effect in apparently moribund case. One pill, containing 2½ grains (0.18 gramme), night and morning. (R. Coyle, *British Medical Journal*, June 24, 1893.)

Editorials.

ETIOLOGY AND TREATMENT OF CHOLERA.

PROFESSOR EMMERICH, of Munich, together with Professor Ziro Tsuboi, of Tokio, conclude, after numerous experiments, that Asiatic cholera is a toxæmia by nitrous acid generated by the comma bacillus of Koch. If expectations are realized, much light will be shed upon the darkness hitherto shrouding the origin of this malady: its pathogeny will be made clear, and medical science will be able to master this frightful disease by preventive measures and rational treatment. Notwithstanding the fact that more than ten years have elapsed since the comma bacillus was discovered by Koch, no great progress has, in truth, been made, as regards the actual cause of cholera. At the beginning of the last decade, ptomaines were shown to exist in the cultures of disease-causing bacteria; and hereupon it was assumed that in all infectious maladies the symptoms of the disease, as well as death therefrom, were caused by these organisms. A few years later there were also found, in older cultures of tuberculosis and diphtheria bacilli, poisonous albumens; and, immediately upon the disclosure of this fact, many investigators, adhering to the opinion that disease and death from *all* contagious maladies are caused by the presence of these albuminous poisons, spent much time in endeavoring to discover them in cultures of all kinds. Emmerich and Tsuboi, without being influenced by these prevailing opinions, expressed the belief that the nitrous acid generated by the cholera bacilli, and which, according to O. Löw, is a powerful toxic, is to be regarded as the true cause of all the symptoms and of death by cholera. The authors first proved, by experiments upon guinea-pigs, rabbits, and dogs, that poisoning by nitrous acid caused precisely the same symptoms in guinea-pigs as induced cholera. They, further, demonstrated that the type of disease induced by nitrous-acid poisoning in man corresponds exactly with all the symptoms of Asiatic cholera. In both the actual symptoms are vertigo, nausea, diarrhœa; first, slowness of the pulse, then diminution of the same; pronounced vascular engorgement (blue color of the lips, the face, etc.), coldness of the extremities, and diminished quantity of urine. Death occurs, in both cases, after severe cramps, during complete consciousness. Poisoning by nitrous acid can be proven by examination of the blood by spectral

analysis, and it is a most interesting fact, and, moreover, an apparent confirmation of the new theory, that the blood of guinea-pigs having died of induced cholera presents exactly the same appearance in the spectrum as that of animals poisoned by nitrous acid.

From the South of France comes a report which, if true, will also add an important therapeutical weapon to our still scanty armamentarium. Roux, of the Pasteur Institute, having asserted that the comma bacillus is destroyed by a hot decoction of malt germs, a brewer of Carcassonne, M. Lauth, distributed 60,000 packages of this substance in the infected regions in the vicinity of that city. The deaths, which had, until then, reached an average of nine a day, at once decreased to one. In cases in which the disease had already made severe inroads, the remedy (administered by enemata) caused immediate cessation of the emesis, the suffering practically ceased, and the patients were soon cured. *Qui vivra verra.*

HYPNOTISM AND SUGGESTION.

THE interesting experiments carried out by Krafft-Ebing, at a recent meeting of the Vienna Society for Psychiatry and Hypnotism, have aroused great interest in scientific circles. The experiments were made with the object of showing that it is possible, by hypnotic suggestion, to transfer persons into a former period of their lives, their mental condition, at the same time, undergoing a corresponding change, and that while in this state nothing is lost to their memories which cannot, by suitable influence, be recalled. The astonishing results obtained with Miss P. by hypnotic suggestion are the more seriously considered, because brought to notice by so learned an observer as Krafft-Ebing. The subject was a woman of 33 years of age. Krafft-Ebing hypnotized her, and transferred her successively back to the ages of 7, 15, and 19, restoring her, after each experiment, to her normal condition. In each case she behaved, spoke, and wrote in a way corresponding to the age which she imagined herself to be. The experiments were received, by the majority of those present at the meeting, with much skepticism. In decided contrast with the opinions of certain psychologists and neurologists, who, while they doubt the genuineness of the three states shown in Miss P. by the demonstrator, still admit their possibility, stand the views of Professor Benedikt, who addressed Krafft-Ebing's hearers in a way quite characteristic of his energetic manner: "Well, the whole thing is a swindle. The possibility that such things may be presented before a scientific assembly, and that they are not at once recognized as a clumsy deception, is accounted for by the fact that the physicians and psychologists present do not possess a true knowledge of humanity, and are

unable to make a correct analysis of such proceedings. One of the most interesting subjects of psychology is the fact that intellectual, physically and morally sound women are not those who are fascinating to men, but, on the contrary, the hysterical women; this results from the fact that the hysterical woman presents the feminine type, even to the verge of caricature, and, according to the law of contrast, calls forth the admiration of the masculine sex. These hysterical women also have the feminine peculiarity of profiting by the intellectual, moral, or æsthetic weaknesses of the male sex. It is, therefore, a great satisfaction to them to get the better of any enthusiast, 'poseur,' or learned man. When we also consider that idle, lazy members of the higher classes of society require a special science for themselves, which they can pursue without labor or special knowledge, it becomes evident why medical doctrines and occurrences which tickle the fancy and self-sufficiency of these idlers so easily become the fashion. The teachings of Kneipp are naturally more accessible than those of Skoda, and these gentlemen can amuse themselves with all the fantastic nonsense of modern hypnotism and modern suggestion, and look down upon their more-learned fraternity, who do not accept such vague and uncertain theories. I belong to those who have long been occupied with the study of hypnotism, and have used it as a curative agent. If I did not immediately decry the exaggerations originating at Nancy, it was because frequently, in medicine, the truth has only left its impress to posterity clothed in a heavy garb of errors. The phantoms and the humbug pursued for years I have combated with success in Paris, in 1889; in Bournmouth, at the meeting of English physicians, in 1890; and in Brussels, the same year. The misapprehensions into which some noble minds, such as those of Charles Richter and Luys, have fallen stand to-day under the judgment-sword of the scientific world, which not only combats hypnotism, but warns and protects itself against its exaggerations and misuses."

It may be here stated that this form of suggestion is not particularly new. Seven years ago, similar experiments were made in Finland by Prof. Karl Hansen, of Copenhagen, who, later on, also made further experiments of the same kind. Hansen transferred the subject to a period of old age, and it was most interesting to note how the posture and even the facial expression corresponded with the period suggested. In the Paris and Berlin scientific circles the Vienna experiments call forth much ominous headshaking. The opinion seems to be pretty general that Krafft-Ebing has been made the victim of a very cleverly perpetrated deception,—by no means the first.

Reviews.

ATLAS OF CLINICAL MEDICINE. By *Byrom Bramwell*, M.D., F.R.C.P.Edin.; F.R.S.Edin.; Assistant Physician to the Edinburgh Royal Infirmary, etc. Vol. i, pp. 185. Edinburgh: T. & A. Constable, University Press, 11 Thistle Street, 1892.

When, some time ago, we called attention to this great work, space did not permit of an extended notice. We do not say that we pretend to do it justice even now; for, were we even to give it all the space this journal possesses, we could hardly do so. Each article, each wood-cut, and especially each colored plate, represents a treasure worthy of separate description. To at all convey an idea of the beauty of the many colored plates which adorn the work, we intended to reproduce one or two of its illustrations; but the fact, however, that the UNIVERSAL MEDICAL JOURNAL surpasses 10,000 copies at each issue, which, added to the ANNUAL's yearly first edition, would have made it necessary to at least print 22,000 plates, this representing, in turn, about 190,000 impressions (each plate representing about eight colors), we could hardly undertake it, for obvious reasons. We in part satisfied our desire to express our great appreciation to the author, however, by reproducing, as well as we could, *two* of the plates (with his permission) in at least *one* of our publications,—the ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES,—and beg to refer the reader to its columns (volume i, section F). If the reproductions are admired, it must be borne in mind that they do not approach in beauty the models, for these possess an artistic merit,—a softness of tone and a depth quite unapproachable with the ordinary processes of lithography. They show an amount of care, artistic taste, and scientific exactness on the part of the author, a degree of ability and refined taste on the part of the artist, and technical knowledge on the part of the printers seldom combined in any one publication of this kind.

As regards the text, it reminds us of our student days, listening to the lectures of that most unpretentious and still seldom-equaled teacher, Prof. J. M. Da Costa. Each sentence, each word, seemed to possess its own particular force, a special carrying power, a quality of genuineness and truth quite in accord with the man who uttered them. To demonstrate our meaning, we here reproduce the description of the case represented by the illustrations:—

"The case depicted in Plates VI and VII is a highly-characteristic and typical example of Addison's disease. The patient, who is now 27, enjoyed good health until about eight or nine years ago. Then, gradually, and without any apparent cause, she began to lose strength and complain of tiredness, languor, and debility. She did not, however, lose flesh or become in any way emaciated. The languor and debility gradually increased, and, some months after the apparent onset of the disease, her friends noticed that her face and the backs of her hands were becoming darker in color. The pigmentation gradually extended over the whole body, and deepened. She now looks like a mulatto; but her mother and aunt, with whom she has lived since she was 4½ years of age, assure me that, before the disease commenced, her skin was clear, white, and fair. The lips, gums, buccal mucous membrane, and tongue are studded here and there with pigmented deposits.

"During the first seven or eight years of her illness, the patient suffered from paroxysmal attacks of apparently causeless vomiting; during these attacks she used to feel 'terribly exhausted and depressed.' Palpitation, shortness of breath on exertion, and giddiness on rising from the recumbent to the erect position have also been prominent symptoms. She has had no pain, either in the back or abdomen, and there has been no diarrhœa. She is still well covered with fat, but distinctly thinner than she used to be. She is in some, but not a great, degree anæmic. The heart's impulse is imperceptible; the heart's sounds, too, are only faintly audible, and the pulse is remarkably small and weak. The patient is extremely sensitive to cold, and the temperature is usually subnormal. She is very easily upset by any exertion or mental excitement; indeed, throughout the whole course of her illness, asthenia and want of nerve-tone—a lack of reserve force and resisting power—have (in addition to the pigmentation) been the leading symptoms. The languor and debility vary in degree from time to time; she is usually worse in cold, and better during warm, weather.

"When the patient first came under my observation, five years ago, all the most characteristic symptoms of the disease (with the exception of pain in the back and abdomen) were present. The asthenia was very marked and the pigmentation highly developed; paroxysmal attacks of vomiting were of frequent occurrence; and there was then, as there has been ever since, an entire absence of any discoverable local lesion or organic disease to account for the condition."

Such are the leading features of the case. It is remarkable because of its unusually long duration and because of the intensity of the pigmentation. It can hardly be doubted that in this case the supra-renal capsules have for years been entirely destroyed by the fibro-caseous (tubercular) lesion which is characteristic of the condition.

Addison's disease is a remarkably interesting affection. Its pathology, or rather its pathological physiology, is still very obscure. That the disease is a distinct clinical entity, characterized during life by certain well-marked symptoms (of which asthenia, remarkable feebleness of the heart's action and of the pulse, vomiting, pains in the abdomen and back, and pigmentation of the skin and mucous membranes are the chief) and associated after death with a lesion of the supra-renal capsules (usually a fibro-caseous destruction of both capsules), no judicially-minded clinical observer will, I suppose, now deny. The fact that over and over again, in instances too numerous to mention, the existence of the capsular lesion has been predicted (because of the presence of the symptoms enumerated above) during life, and the presence of the capsular lesion has been demonstrated after death, without any other local change or visceral lesion capable of explaining the clinical symptoms or sufficient to account for the fatal issue, conclusively proves the truth of this proposition, viz., that the disease is a well-marked clinical entity, with a definite symptomatology and morbid anatomy of its own. But as to the exact manner in which the symptoms are produced, the way in which the symptoms are related to the lesion of the capsules, and as to whether the capsular lesion is the primary lesion, or whether it is part and parcel of a lesion of the abdominal sympathetic or possibly of some other part of the (central) nervous system, there is still much diversity of opinion.

We know little, if anything, more about the functions of the supra-renal capsules than Addison knew. Although a large number of cases of morbus Addisonii have been recorded during the past thirty-five years, and many important papers and monographs have been written on the subject, the original description of the disease, which Addison published in the year 1855 in his short treatise "On the Constitutional and Local Effects of Disease of the Supra-renal Capsules," remains singularly complete, and (with the qualifications which will be afterward mentioned) substantially represents our knowledge of the clinical features of the disease at the present time.

Although Addison's monograph was not published until the year 1855, he had,

in 1849, directed attention to the relationship of anæmia and disease of the supra-renal capsules.

Cases of the disease had also been recorded before the year 1849, though the connection between the symptoms and the lesion of the capsules does not seem to have been suspected. Thus, Dr. Frederick P. Henry, in the historical summary which he gives of the disease, states: "The first case of Addison's disease on record is to be found in Lobstein's treatise, 'De nervi sympathici humani fabrica et morbis,' Paris, 1823, from the English translation of which, by the late Prof. Joseph Pancoast, I take the following extract: 'I have myself observed the nerves forming the supra-renal plexus much thickened in disease,—where the supra-renals, which were more than twice as large as usual, had degenerated into tuberculous substance. The patient was an unmarried woman, 25 years of age, who died in convulsive spasms analogous to the epileptic. . . . . Nothing unusual was discovered in the body of this woman but the aforesaid change in the supra-renal glands and the enlargement of the nerves.' Notwithstanding," says Dr. Henry, "the fact that there is no record of the darkening of the complexion, the above was undoubtedly a typical case of Addison's disease, in which, moreover, death by convulsions is not uncommon," etc.

Full of information, replete with deductions based on careful and conscientious observation, is this work. Those who will possess it will have at their constant disposal a rare guide in their daily work,—a reminder of those days when, with the case before them and an excellent teacher at their elbow, they gradually traversed the whole field of medicine with pleasure and profit, with perfect freedom from the anxieties of active practice. We can certainly say of Dr. Bramwell's Atlas what an esteemed contemporary once said of another great publication, "We hope the profession will be properly thankful, and show their sentiments by supporting this valuable work."

C. E. S.

Monographs Received.

The editor acknowledges, with thanks, the receipt of the following monographs:—

Louèche-les-Bains, by *E. de la Harpe*, Lausanne, Switzerland.——Degenerazione, Pazzia e Delitto a proposito di un fatto delittuoso, by *A. Zuccarelli*, Naples.——Revue statistique des maladies de la gorge, du larynx, du nez et des oreilles, by *R. Beausoleil*, Bordeaux.——Geschichte der Ohrenheilkunde. Sonderabdruck aus Schwartze's Handbuch der Ohrenheilkunde, by *W. Meyer*, Copenhagen.——Statistique des operations pratiquées à l'hopital civil des anglais à Liège.——Contribution à l'anatomie pathologique des cavities nasales, by *Joseph Gradenigo*, Turin.——Sui caratteri clinici offerti dalle lesioni del nervo acustico, by *G. Gradenigo*, Turin.——Vertige et pseudo-angine de poitrine comme phénomènes réflexes d'origine nasale, by *G. Gradenigo*, Turin,——Atti del primo congresso della Società italiana di laringologia, d'otologia e di rinologia, Rome.——Azione delle basse temperature sulla virulenza degli spirilli del Colera, by *Alfonso Montefusco*, Naples.

LITERATURE FOR THE "ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES" AND THE "UNIVERSAL MEDICAL JOURNAL."

ENGLISH LANGUAGE.—*Books, monographs, theses, etc.*, written in the English language on any of the subjects enumerated in the first column should be sent (post-paid) to the editor whose name and address are given on the same line in the fourth column.—*Books treating of several subjects*, text-books, etc., should be sent to the central department, 28 RUE DE MADRID, PARIS, FRANCE, in order that their several parts may be separated and distributed.

A postal-card, notifying the editor-in-chief, Dr. Sajous, at the above address, that a book or pamphlet has been sent as directed above, will insure the mention of title and author in the Journal.——In the case of *works placed on sale*, the contents of the title-page, including name of publisher and price, should be given. The appearance of the work will at once be announced, under the caption NEW BOOKS RECEIVED, to all Annual and Journal subscribers.——If a *review* of the work is desired, a duplicate copy should be sent to the editor-in-chief.

LANGUE FRANÇAISE.—Tous *livres, thèses, monographies, etc.*, écrits en Français sur un des sujets énumérés dans la première colonne, doivent être envoyés (affranchis) au rédacteur dont le nom et l'adresse figurent à la même ligne dans la quatrième colonne.—*Les ouvrages traitant plusieurs sujets* doivent être envoyés à la rédaction centrale, 28 RUE DE MADRID, PARIS, FRANCE, afin que les différents chapitres soient séparés et repartis parmi les rédacteurs.

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DEUTSCHE SPRACHE.—Bücher, Schriften, Aufsätze, Abhandlungen, etc., in deutscher Sprache über irgend einen der Gegenstände, welche in der dritten Rubrik aufgeführt sind, sollten dem Redakteur, dessen Name und Addresse sich auf derselben Reihe in der vierten Rubrik befinden, franco zugeschickt werden.——Bücher, welche mehrere Gegenstände behandeln, Lehrbücher, etc., müssen dem Central Büreau, 28 RUE DE MADRID, PARIS, FRANKREICH, zugeschickt werden, damit die verschiedenen Theile derselben getrennt und vertheilt werden können.

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			Prof. Montgomery, 1318 Arch St., Philadelphia, U. S. A.

LITERATURE FOR THE "ANNUAL" AND THE "UNIVERSAL MEDICAL JOURNAL."

Continued.

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DR. C. E. SAJOUS,
28, rue de Madrid,
Paris, France.

☞ *All Original Articles, Corresponding Editors' Reports, and all Communications to the Editor to be sent to Dr. Sajous.*

PUBLISHERS' DEPARTMENT.

After-Treatment of Appendicitis.

An excerpt from a clinical lecture at The New York Post-Graduate Medical School, February 11, 1893, by R. T. Morris, A.M., M.D :—

As to the after-treatment of these cases, I treat cases of appendicitis as I do surgical abdominal cases in general,—strictly recumbent position upon the back for twenty-four hours or more. Hot water to quench thirst, and practically nothing else for twenty-four hours. Sometimes, however, when there is much nausea and giddiness from ether, it is well to quiet it with a dessertspoonful of effervescing Bromo-Soda in a half-glassful of cool water—not iced. At the end of twenty-four hours begin a diet with proteinol, three tablespoonfuls every three hours; then for twenty-four hours proteinol two tablespoonfuls every hour and milk four ounces every three hours, giving them separately. Watch the effect of the milk carefully. Should its casein curdle in masses causing pain and flatulence with irritation, we must not continue to use it raw.

After about sixty hours, should nothing untoward have happened, the patient may be put upon regular diet,—care, of course, being taken that cold cabbage, pickles, beets, cheese, and fried foods be omitted. Even at the risk of being monotonous let us keep them on plain soups, roast and broiled beef, mutton, and chicken ; eggs boiled or in plain omelettes ; vegetables to be sparingly used unless known to be of no harm,—tomatoes ; potatoes, stewed, baked, hashed-brown or *au gratin*, not fried or boiled ; lima beans, asparagus, etc. Cabbages and cucumbers had better be eschewed. Milk and dry toast well done, but not carbonized. But little food should be taken at a time, but often ; allow all the milk they want, should it agree. As to proteinol, the more they take and the oftener they take it, the stronger they will be. Always give proteinol by itself, one, two, or three tablespoonfuls at a time, according to the patient's age and inclination. All pastries should be denied ; puddings well made may be allowed, as well as a fair amount of fruit, raw or cooked, so as to keep the bowels in good working-order, but omit all unripe and distinctly acid fruits that might occasion pain or diarrhœa.

If the patient has been in the habit of smoking and requests it after about a week, I allow it in moderation. The same as regards stimulants. If the bowels have not moved on the second day after the operation, I advise an enema of soap-suds 1 pint, glycerin 1 ounce, and olive-oil 1 ounce, the whole to be well mixed and injected gently, retained as long as possible, then ejected into a bed-pan. By no means must a patient try to get up or help himself in these matters. From this on, the bowels should move each day or every other day ; should they not naturally move they must be made to move by internal medication. The mildest and gentlest methods must, of course, be used. It goes without saying the room is warm, comfortable, and cheerful. The dressings are not to be moved as long as the patient has not disarranged them, or pain, fever, and discomfort generally does not call for it. In about fourteen days they can be removed and the wound dressed ; if pus is present ferret it out with peroxide of hydrogen (Marchand's), dust with aristol, cover with absorbent sublimated gauze, then a layer of absorbent cotton or wood-wool ; then either use adhesive strips or spica bandage to keep the dressing in place ; the size and condition of the wound will determine you in this. It is best that patients should not sit up in the bed before the seventeenth day.

(Continued on page 15.)

THE

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Original Communications.

INEBRIETY.

By Norman Kerr, M.D.,
LONDON.

Alcoholic Inebriety.—The attention of the medical profession and of the general public has been specially called to the alleged increase of inebriety among women, particularly in England. This important topic has been treated of in a mass of correspondence in the columns of a widely-circulated London daily journal, the *Daily Telegraph.* Prominence has also been given to it in medical journals, and I have already had occasion to call the attention of our readers to it in this journal. In a series of articles[1] the question has been moderately and dispassionately considered. Twenty years ago it was rare to see a woman drinking at the bar of a public-house in Britain. Now it is a common sight. At an inquest held recently in London on the body of a woman who had died suddenly on the threshold of her home, after returning from a public-house where she had gone for liquor by 6 o'clock in the morning, I had occasion to testify that I had never seen so much female drunkenness before. Morning, noon, and night such houses had been thronged, largely by women; many with infants at the breast, who were treated by the wretched mothers to sips of rum or gin. On the streets were groups of from three to six women (many of them young), going about from public-house to public-house to expend in liquor all the money they could jointly provide for their weekly dissipation. The coroner, Dr. Danford Thomas, in confirming this evidence, said that he had lately held an increased number of inquests on intemperate females. In London, during 1891, there had been an increase of 500 apprehensions of females for drunkenness. In Glasgow[2] there were 10,500 women arrested for drunkenness and allied offenses in one year. Four thousand women were responsible for this long tale of convictions, no fewer than 450 of whom having been sent to jail for from six to thirty-four separate terms. Of some female inebriates in England and Ireland there had been hundreds of drunken commitments.

[1] Brit. Med. Jour., Oct. 1 and 8, 1892, and other journals. [2] *Ibid.*, Oct. 1, 1892.

Of criminals convicted over ten times (these are chiefly habitual drunkards) the women in England and Wales were, in 1884, three times as many as the men. In other ranks of life drunkenness (often secret among the cultured and the wealthy) has also markedly increased. In many other countries, though England surpasses all other lands in this shocking pre-eminence, there has also been a similar increase. T. D. Crothers, of Hartford,[1] does not think that indulgence among women has progressed in America, but this is not in accord with my own experience. For one drunken woman in the United States whom I knew thirty years ago, I know at least twenty; and of later years women in some parts of America have broken fresh inebriating ground in the cultivation of inordinate consumption of strongly-spirituous preparations of ginger. Apart, however, from the mere number of drunken women, there can be little doubt that the proportion of intemperate females, who may fairly be regarded as diseased individuals, has largely grown. This is a more serious matter. The inhibitory power of such sufferers has been practically lost, and compulsory seclusion with appropriate treatment is essential to a cure in the majority of cases. T. D. Crothers, of Hartford,[2] holds that the women charged in American police-courts with drunkenness and associated offenses are profoundly degenerate in body as well as in mind. The same may truly be said of only about one-sixth of the corresponding class of offenders in England, Englishwomen being, in the main, much more robust than their American sisters. Lawson Tait[3] asserts that an intelligent and educated woman never becomes a drunkard but from some deep-rooted and often carefully-concealed cause. The indulgence may be from physical suffering or mental distress, but there is always a reason for it. Scores of his cases of suffering from inflammatory affections of the appendages have been cured of their drunkenness by the same proceedings as have cured their physical misery.

M. Lancereaux, of Paris,[4] holds that in alcoholic delirium the real chance of recovery lies in sleep. He isolates the alcoholic deliriate in a quiet, dark, and, if necessary, padded room, no physical restraint being employed. To procure sleep the patient receives 1 to 1½ drachms of chloral hydrate, with ½ grain of hydrochlorate of morphine, in an infusion of limes. If sleep do not come on in about ten minutes, from ⅙ to ⅓ grain of morphine is injected hypodermatically. After the alcoholic disturbance has subsided, strychnine or nux vomica is given, followed by hydro-therapeutic measures. If there should be gastric complication an antacid such as sodium bicarbonate is administered. The heroic doses of these narcotics, with the cardiac depression apt to follow their exhibition, call for deliberation in their administration to aged and infirm inebriates, and I prefer as a hypnotic a simple febrifuge frequently repeated, such as liq. ammon. acet. Sleep, thus quietly and safely induced, has proved much more curative than the sleep for which I formerly resorted to narcotics.

M. J. Arnaud, of Marseilles,[5] describes various forms of alcoholic paralysis. There are attenuated alcoholic paralyses, evidenced by tremors on

[1] Brit. Med. Jour., December 11, 1892. [2] *Ibid.*, December 31, 1892. [3] *Ibid.*, October 15, 1892.
[4] Bulletin général de thérapeutique, February 15, 1893. [5] Gazette des hôpitaux, March 2, 1893.

awaking from a drunken sleep. The inebriate has recourse to alcohol to dissipate for the moment these tremblings, a repetition of which injurious habit tends to induce a graver form of paresis. The matutinal tremors are often accompanied by local pains and vasomotor disturbance. There are permanent though highly-curable forms, with but slight local loss of power. Then there are paralyses affecting the extensors of the upper and lower limbs, still very amenable to treatment. Contrary to general experience, the author finds the upper limbs not less disturbed than the lower, and, indeed, the disease is frequently confined to the former. In addition to these fleeting paralyses, there is a group of permanent chronic paralyses which may be classified as progressive and non-progressive. Both forms creep on slowly, with prodromata of some weeks' or months' persistence. The progressive is the most intense and fatal variety, and is often complicated with agonizing pain, insomnia, maniacal paroxysms, and other highly-intensified symptoms. M. J. Arnaud cites the case of a female domestic, aged 27, who suffered from the gravest form of alcoholic paresis complicated with albuminuria, and yet made a complete recovery. The explanation of this unexpected recovery, advanced by the author, is that the lesions were peripheral, the axis-cylinder remaining intact or nearly so, while there was wanting that degeneration so frequently found in the more acute and aggravated forms. Dr. Lardier, of Rambervillers,[1] states that the children of alcoholic inebriates present from their birth a particular degeneration. Alcoholism does not cease with the individual, but continues in the progeny in various degrees, and forms from a slight tendency to drinking to complete physical degeneration. In the Vosges he has seen families beginning with wine and going on to brandy, the children from 2 years of age receiving it from their parents. The father, mother, and children dip their bread in brandy, and absorb in this fashion notable quantities of the poison. By imitation the young tread in the footsteps of their progenitors. The offspring of inebriates ought to be taken from them. In the case of such children, who are the subjects of the inebriate inheritance, there should be firm inculcation of the dangers of drinking, with hygienic training and development. Hydrotherapy is strongly recommended as a prophylactic.

By the withdrawal of the *privilège des bouilleurs de cru* the French government hope to restrict drunkenness. In Sweden, after a similar step, the distilleries decreased from 170,000 to 300, with a diminution in the consumption of liquor. Formerly drunkenness in France[2] existed principally in cities and large factory and commercial towns, the rural population being comparatively temperate. Now there is an alarming increase of intemperance in country towns and villages. From the atlas by M. Tarquau, drawn up under the direction of M. Claude, reporter on the Commission of Enquiry of Consumption of Alcohol in France,[3] the average consumption of alcohol in 1850 was 1 litre 60 centilitres for each person, which increased in 1870 to 2 litres 81 centilitres, and in 1885 to 3 litres 85 centilitres. The varieties as well as the quantities of strong liquors have increased. Less alcohol has

[1] Bulletin médical des Vosges, January, 1893. [2] British Medical Journal, February 4, 1893.
[3] La normandie médicale, Rouen, March 15, 1893.

been distilled from fruits, more from beet-root, molasses, and seeds, these latter being dangerously toxic. The Commission procured samples of alcoholic drinks from the most luxurious and most squalid wine-shops and restaurants in Paris. All the samples analyzed were returned labeled "bad," "dangerous," and were reported to have been imperfectly rectified.[1] The liquors supplied in dining-rooms frequented by workmen were declared to be three-sixths impure, and containing aurylic acid. In haunts of ill-fame, among the noxious adulterants was methylene, though these beverages were not more so chemically than certain brandies sold at 7½d and 10d the glass in several first-class restaurants. Legislative measures have been urged to check the falsification of fermented drinks.

T. D. Crothers, of Hartford,[2] computes that there are 1,600,000 excessive drinkers in the United States, in addition to the victims to morphine, chloral, and other narcotic drugs,—all centres of progressive degeneration and the most unsanitary physiological and psychical conditions. There are over a million unrecognized inebriates who are the most defective, dangerous, and degenerate of all classes. The superstition of personal freedom permits this army of inebriates to go on increasing the burden of their families and building up centres of physical and mental degeneration. Public sentiment should not permit one to become an inebriate, or tolerate him after that stage, unless under legal guardianship and restriction until he recovers.

M. Féré[3] describes as mechanical drunkenness a state, corresponding in its symptoms to alcoholic drunkenness, developed in certain subjects under the influence of forced movements and muscular exertions. He observed this in a person who had since died from general paralysis, and that prior to any other psychical or motor phenomena. The individual was taken for the first time with this apparent drunkenness in an accession of excitement after hunting. Afterward, consequent on every fresh day with the hounds, the drunken symptoms re-appeared. Are these motory intoxications important in the early diagnosis of general paralysis?

Morphinomania and Cocainomania.—J. L. Maxwell, of London,[4] recalls the conclusions of Dr. Valentine, after thirty-one years of practice in India, that to opium is due a large percentage of mortality among children, crime, murder, and disease. More than three-fourths of between 800 and 900 prisoners in Jeypore Central Prison, fully twenty-five years ago, used opium, quite one-half of them to excess. Maxwell says 100,000 persons commit suicide by opium every year in China. McReddie, of Hardoi,[5] states that, in that limited district, of the 180 suicides in three years, 97 were from opium, 80 per cent. of these being women. Opium inquests are common in Calcutta now;[6] there is one almost every day. W. B. Brooks, of Dallas, Tex.,[7] argues that the morphine habit is sometimes the only cause of some severe forms of hysteria, neuralgia, chorea, asthma, and other nerve disorders; that morphinists, however confident of cure, are liable to relapse; that physicians are more prone to relapse than other morphinomaniacs,

[1] British Medical Journal, February 25, 1893.
[2] Journal of the American Medical Association, October 8, 1892.
[3] Le bulletin médical, October 19, 1892.
[4] London Lancet, January 28, 1893.
[5] Indian Medical Gazette, June, 1891.
[6] London Lancet, January 28, 1893.
[7] Texas Courier-Record, September, 1892.

from generally having morphine in their possession and administering it, as well as from the despondency and excitement of their irregular life; that cured morphinomaniacs are less apt to relapse the second than the first time. One physician patient, who became addicted to morphine through having recourse to opiates for the relief of cough, returning home too soon (on the eighth day), relapsed, but made, on a second trial, a permanent cure, after then remaining twenty-seven days. J. H. de Wolff, of Baltimore,[1] gives 20 grains of sulphonal for sleep, with auri et sodii chlor. Stephen Lett, of Guelph,[2] narrates a case of double addiction (morphine and cocaine) whose daily ration was 60 grains morphin. sulph. and 70 grains cocain. hydrochlor. hypodermatically; and one of laudanum, 16 fluidounces being taken daily. Amenorrhœa and sterility are generally present, these functions resuming vigor on discontinuance of the opiate. J. B. Mattison[3] relates the case of a physician's wife, aged 34, who, after 40 grains hypodermatically and one or two 5-grain doses daily by mouth, advanced to 60 to 75 grains daily of morphine by the mouth only, and at one dose. Afterward she resumed the hypodermatic injection of 40 to 50 grains a day. Three women, dismissed cured, each took 30 grains daily for years. Two were sisters; one had indulged for ten, the other for seventeen years. Administered by the skin, the narcotic action is double of that by mouth. He has generally found female morphinomaniacs neat and tidy. One laudanum-taker of twenty-two years' standing had reached nearly a pint per day. J. B. Mattison, of Brooklyn,[4] attributes nearly all his cases of narcotic inebriety to the medical prescription of the drug, in the first instance; though he recognizes the peculiar narcotic status, ancestral and acquired. It should be made felony for retail druggists to sell morphine, chloral, or cocaine, or to repeat a prescription containing either drug, except on order of a physician.

Tobacco.—Francis Dowling, of Cincinnati,[5] dwells on the influence of tobacco in causing amaurosis. He found in 3000 tobacco-workers, in Cincinnati, 150 with impaired vision. A woman of 40 had amblyopia. She had not used tobacco, but had been working in it from five to six years. Few of the men drank. The men were mostly flabby and anæmic. The majority of the 150 had both pupils contracted; 45 showed amblyopia, 30 being well-marked; 30 had gradual failure of vision. Some smoked 20 cigars a day. Three-fourths were over 35, the oldest being 61. Those affected had disturbed sleep, their muscles were easily tired, and their hands trembled on holding a book or pen. One young man of 19 was affected. Noyes has recorded the case of a boy of 15 who exhibited similar symptoms from cigarette-smoking. With chewing the effects were more intense. On ophthalmoscopic examination the papillæ of the optic nerve were seen to be abnormally reddened at first, later anæmic, ending finally in atrophy of the disc.

[1] Medical Brief, March, 1893.
[2] Times and Register, October 18, 1893.
[3] *Ibid.*, October 22, 1892.
[4] Weekly Med. Review, St. Louis, February 11, 1893.
[5] Medical and Surgical Reporter, October 22, 1892.

Selections from Reports of Members of the Annual's Editorial Staff.

Austria.

PROF. CONNER UND DR. FREEMAN,

REDACTEUREN FÜR AMPUTATIONEN, RESECTIONEN UND PLASTISCHE CHIRURGIE.

Alle Bücher, Thesen, Separatabdrücke, etc., über den obenerwähnten Gegenstand in deutscher Sprache erscheinend, sollen Herrn

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Achillodynia.—ALBERT, of Vienna, calls attention to an affection which he has named Achillodynia. There is slight swelling about the insertion of the tendo Achillis, with pain on standing or walking, but with little tenderness on pressure. It differs from Raynal's "peritendinous cellulitis," and is not improved by hot or cold applications, nor by iodine or mercury.—*Wiener medizinische Presse*, January 8, 1893.

Mechanical Treatment of Coxitis.—A. LORENZ, of Vienna, considers in an excellent paper, which was discussed by Albert and Billroth, the mechanical treatment of coxitis; referring, also, to tubercular diseases of other joints of the lower extremities. Fixation and the removal of weight from the part are the principles of mechanical treatment. An apparatus should allay pain, promote sleep, and permit of the patient spending as much time in the open air as possible. These requirements are best fulfilled by using close-fitting plaster models of the parts, re-inforced, when necessary, by iron supports. The benefits of extension he regards as due merely to the fixation obtained. He does not attempt to remedy the slight deformities found in the earlier stages of coxitis, but the adduction present in old cases must be corrected; the local anæsthesia produced by intra-articular injections of cocaine being sufficient for this purpose.

ALBERT, of Vienna, spoke of the inadequacy of extension, and even of resection, although they have been so extensively employed; he emphasized the fact, which is just beginning to be appreciated in Germany, that joint-tuberculosis in children often recovers without resection. In fifty cases treated conservatively by Albert, the mortality was zero. Abscesses seemed to have no influence on the results. He spoke strongly in favor of ignipuncture.

BILLROTH, of Vienna, agreed with Albert as to the uselessness of resection in coxitis. He had never seen union by first intention, and had never had a really good result. The Hessing apparatus he regarded as of little or no benefit.—*Wiener klinische Wochenschrift*, November 3, 1892.

France.

PROF. CONNER ET DR. FREEMAN,

RÉDACTEURS DU DÉPARTEMENT DES AMPUTATIONS, RÉSECTIONS ET CHIRURGIE PLASTIQUE.

Tous livres, thèses, monographies, etc., sur les sujets ci-dessus, publiés en langue française, doivent être adressés à M. le

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Resection of the Knee-Joint for Tuberculosis.—OLLIER, of Lyons, reports the statistics of 100 resections of the knee-joint for tuberculosis. The advent of antisepsis and asepsis has made a great change in the mortality. Up to 1863 there were 7 cases, of which 85 per cent. died. From 1863 to 1884, the operation having been practically abandoned until 1877, the mortality was reduced to 33 per cent., still remaining too high on account of late interference, when the patients were exhausted by disease. Since 1884 the percentage of deaths has been reduced to 7.8; and since 1889, in 38 operations, the mortality has been zero. He strongly recommends early operation, and emphasizes the inefficiency of treatment by apparatus. Ollier speaks in favor of typical resections, as they disclose hidden foci, and discountenances those which are partial; except in the young, where it is necessary to carefully avoid the epiphyseal lines of growth. Shortening of the limb is unimportant when it does not exceed five or six centimetres. Even a shortening of ten to twelve centimetres may be sufficiently overcome by inclination of the pelvis and an elevated shoe.—*Lyon Médical*, December 25, 1892.

Cystic Chondroma of the Head of the Fibula.—A. H. PILLIET reports a cystic chondroma adherent to the head of the fibula, and calls attention to the difficulties of diagnosis between this rare affection and an osteosarcoma. FÉLIZET operated on a similar tumor in the same region, as did also DÉSIR. They were all in comparatively young subjects.—*Bulletin de la Société Anatomique*, December, 1892.

Blow-Pipe Flame as a Sterilizer of Wounds.—FÉLIZET advises the employment of extreme heat, by means of a blow-pipe flame passed rapidly over the tissues, in the sterilization of wounds, especially if tubercular. The tissues are dehydrated, but not cauterized, unless the process is unduly prolonged. There is generally no pain, no reaction, and no loss of blood, and union by first intention may be expected.

Following out the idea that passive congestion of the lungs seems to produce immunity from tubercular infection, BIER, of Esmarch's Clinic, in Kiel (*Centralbl. f. Chir.*, No. 32), proposes to treat joint-tuberculosis upon the same principles. The limb below the joint is carefully bandaged, and above the joint an elastic band is applied, of sufficient tightness to impede the circulation without arresting it, thus producing congestion and some swelling in the diseased region. Twenty cases have been treated with favorable results.—*Revue de Chirurgie*, November, 1892.

Single Dorsal Flap in Tibio-Tarsal Amputations.—PONCET describes several tibio-tarsal amputations in which a single dorsal flap was employed, according to the method of Baudens, first published in 1839, and since almost forgotten. The operation is most applicable to cases in which the

tissues of the heel are damaged, and gives good results. A case of gangrene of the finger in a child, from the employment of a carbolic-acid dressing, is reported by Jayle. Amputation was resorted to.—*Bulletin de la Société Anatomique*, January, 1893.

France.

DR. A. LUTAUD,
RÉDACTEUR DU DÉPARTEMENT DES MALADIES DE LA GROSSESSE.

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Retained Fœtus.—BLANC, of Lyons, describes two cases of retained fœtus: A woman suffered from uterine hæmorrhages two or three months after cessation of the catamenia. The bleeding continued for two months. The uterus was large, cylindrical, and hard; the cervix soft, the os patulous. Over five months later the patient was seized with violent pain and flooding. A firm, hard mass, of the size of a small fist, was found in the vagina. It was taken at first for a fibroid polypus. On examination it was found to consist of a stratified fibrinous material, including a fœtus of about two months and a half, shriveled and perfectly dry. The second patient was 44 years old. She had borne one child twenty years previously. After its birth, till April, 1890, the catamenia were perfectly regular. Then they were suppressed, the breasts and abdomen enlarged, and about September 15th quickening was observed, but fœtal movements ceased a month later; the abdomen became smaller. Blanc examined her on February 16, 1891. Milk escaped from the nipples on pressure. The uterus extended two fingers' breadth above the umbilicus; it was resistant, firm, and non-fluctuating. A *souffle* was distinctly heard. The cervix lay very high up in the pelvis; it was soft and closed. On March 15th no *souffle* could be heard. In July, 1891, the patient was seized with labor-pains, and was delivered of a large fœtus, followed by the placenta. Blanc notes that, unfortunately, the fœtus was not preserved; so that he had to rely on the patient's account.—*Journal de Médecine de Paris*, January 15, 1893.

Case of Partial Retention of the Fœtus.—A partial retention of the fœtus has been published by LOISNEL and NOLTA, of Caen, France. The woman was a III-para, her previous labors resulting in spontaneous delivery. The doctor attempted turning, and, failing, amputated a leg. On the day following he cut off the other leg. Next day he decapitated and removed the trunk and arms. Antiseptic injections were prescribed, but, through ignorance of the patient, were not given. The woman resumed her work, but was annoyed by the lochia continuing longer than usual. The doctor found a vesico-uterine fistula and a solid body occupying the uterus. He extracted a piece of maxilla by the aid of forceps. The patient was then admitted to a hospital. The os was dilated and the fœtal skull removed in pieces. There had been up to this time no signs of septicæmia.—*Nouvelles Archives d'Obstetrique et de Gynécologie*, January, 1893.

Case of Retained Ovum.—BUDIN, of Paris, has reported a case in which an ovum was retained eleven months in the womb. The fœtus had been completely destroyed, and it was only by microscopical examination that amniotic and placental tissues were detected.—*Bulletin de la Société Obstétricale de Paris*, October, 1892.

Induction of Premature Labor in Kyphotic Pelvis.—DELTHIL, of Paris, considers that when craniotomy has been found necessary at a first labor, induction of premature labor has to be proposed in subsequent pregnancies.

Delthil has succeeded in two cases of premature labor at the seventh month. He did not employ the *couveuse*, which is costly and hard to manage in private practice. Besides, the *couveuse* does not allow to feed or clean the child without exposing him to a low temperature.—*Journal de Médecine de Paris*, November 13, 1892.

Germany.

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REDACTEUREN FÜR AMPUTATIONEN, RESECTIONEN UND PLASTISCHE CHIRURGIE.

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Frequency of Sequestra in Tuberculosis of Large Joints; Treatment of Joint-Tuberculosis.—RIEDEL, of Jena, has written on the frequency of sequestra in tuberculosis of the large joints, with observations on the treatment of joint-tuberculosis. Tubercular foci in bones, when no sequestra are present, often heal spontaneously; but the presence of a sequestrum renders healing impossible, unless the sequestrum be removed; hence statistics throwing light on the frequency of sequestra are of the utmost importance. Riedel reports 314 cases of tuberculosis of the six large joints, in which the disease began in the capsule in 32 per cent. and in the bones in 68 per cent.; 67 per cent. of the latter presented sequestra, and in 33 per cent. sequestra were absent. Hence, out of 314 cases 45.55 per cent. were devoid of sequestra. If to the above 34 cases of tubercular foci near the large joints are added, the total number is raised to 348, of which 48 per cent. had sequestra. As regards individual joints, in 88 cases of coxitis, 70 per cent. had sequestra; in 116 cases of tuberculosis of the knee-joint, 37 per cent.; in 39 cases of tuberculosis of the ankle, 38 per cent.; in 10 cases in which the shoulder-joint was affected, 50 per cent.; in 48 cases of disease of the elbow, 31 per cent.; in 13 cases of disease of the wrist, 15 per cent.

The tubercular process began more frequently in the bone than in the capsule, as is markedly shown in the hip-joint (84 per cent.). An interesting point relates to the frequency with which the disease begins in the different bones of a given joint. In the hip, for instance, the author determined that in 66 cases with sequestra the primary focus was in the acetabulum in 70 per cent., in the head and neck in 20 per cent., and in the head and acetabulum in 6 per cent., leaving 4 per cent. undetermined.

According to the foregoing figures, the best chances of recovery without operative treatment exist in tuberculosis of the elbow, followed by the knee, and then the ankle. The hip-joint, which is most often treated by conservative methods, offers the least chance of success; so that very few cases are permanently cured by injections, etc. In spite of these statistics, however, the operative treatment of the other joints gives such good results that Riedel would advise its continuance.

The author prefers to operate through longitudinal incisions, especially where cavities are left. These incisions are tamponed and not sutured. Any cross-incisions which may be necessary are united by catgut. The resulting scars are just as good as if the incisions had been closed, and healing in the depths of the wound takes place with greater rapidity and certainty. He speaks strongly against the tuberculin treatment.

In the following statistics from Achen only those cases are designated as cured which were discharged without fistulæ. The total number was 137. Of these 75 per cent. were cured; in 13 per cent. fistulæ remained; subsequent amputations were made in 3½ per cent., and 8½ per cent. died. In 49 resections of the hip-joint there resulted 62 per cent. of cures. Owing to the resulting shortening, the author would be glad to discard resection of the hip; but, seeing that injections of iodoform are particularly useless in this joint, there remains nothing else. He has succeeded, however, in several cases, in removing the capsule and leaving the head of the bone in place. This is best done by means of a transverse incision. After 40 years of age, and even earlier, exarticulation is recommended.

In 51 cases of resection of the knee with extirpation of the capsule, 88 per cent. of cures resulted. As with the hip-joint, Riedel regards the fortieth year as the limit of time in which resections should be made.

In 14 resections of the ankle there were 78 per cent. of recoveries. It is best to operate as soon as the diagnosis is made. Riedel prefers König's method.

In 16 resections of the shoulder, 12 were cured.

In 4 resections of the wrist, 3 were cured. As in the ankle, an operation should be made as soon as the diagnosis of tuberculosis is established, without reference to the age of the patient.

Riedel recommends iodoform injections in abscesses appearing above Poupart's ligament which result from caries of the vertebræ; also, in hydrops tuberculosis, and in old persons where it is advisable to temporize. He speaks against the employment of injections in younger individuals.

It is best to operate before fistulæ appear, because infection with puscocci is apt to cause such intimate adhesions between the surrounding tissues and the tubercular disease that it is at times impossible to effectually remove the latter. A reason for operating early in the disease is that delay exposes the patient to the danger of the development of tubercular processes in other portions of the body.

SAHLI, of Langenthal (*Corres. f. sch. Aerzte*, March, 15, 1893), writes on the use of iodoform injections in tubercular diseases of bones and joints. The best of all preparations is that employed by Garré, in Tübingen, in

which sterilized olive-oil is thoroughly impregnated, by prolonged shaking, with 10 per cent. of iodoform; 4 per cent. dissolves and 6 per cent. remains in suspension. The mixture will readily pass through a reasonably small needle, and an ordinary hypodermatic syringe may be used. It is well to partially withdraw the needle and re-insert it, so as to deposit the iodoform in several different foci. There is little doubt that the effectiveness of the treatment lies in the liberation of small quantities of free iodine by the gradual action of the fluids of the body. Sahli, contrary to the advice of Böhny, often injects as much as 2 grammes of iodoform-oil at a time, and has never produced symptoms of intoxication. Pain or inflammation hardly ever follows, and cold compresses, etc., are unnecessary.

During four or five weeks the injections should be made twice a week; and then, for the same length of time, once every one or two weeks. The patient should then be carefully watched for some time. In severe cases the treatment must be continued much longer, and the individual should not be lost sight of for at least six to twelve months. Improvement should begin after four or five injections, but care must be taken not to stop the treatment too soon.

Sahli would recommend the treatment of *all* cases of tubercular disease of bones and joints by iodoform injections, with the exception of those presenting large abscesses, extended destruction of bone, and multiple fistulæ, which are better suited for amputation. If nothing is accomplished, at least no harm will be done. The process is especially adapted to the after-treatment of cases which have been curetted. The elbow- and the hip- joint respond best and most quickly.

Sahli combines with the injections the creasote treatment, local *massage*, extension, etc., where indicated. He lays much stress upon strict asepsis in connection with the iodoform injections.—*Centralblatt für Chirurgie*, February 18, 1893.

Myositis Ossificans.—A case of myositis ossificans, in a young man of 20, is reported by BRENNSOHN. Many muscles were involved, including those of the back, the boundaries of the axillæ, the deltoids, serratus magnus, biceps, brachialis anticus; neck muscles, abdominal muscles, and those of the thigh.—*Berliner klinische Wochenschrift*, November 14, 1892.

New Method of Suturing Ununited Fractures.—A new method of suturing ununited fractures is described by DOLLINGER, which he has successfully employed in two cases. Instead of perforating the bone in the usual manner, a ring of wire is laid loosely around the ends of the fragments, and straight pieces of wire placed on either side, with their extremities beneath the rings, which are then twisted tight. The longitudinal wires are bent over and their ends united on either side, thus holding the fragments firmly in place.—*Centralblatt für Chirurgie*, No. 2, 1893.

Necrosis of Adipose Tissue After Operations.—PITSCHKE calls attention to necrosis of fatty tissue after surgical operations, and reports a case in which lumps of fat were extruded through fistulæ in the axillæ for several months. He suggests that a similar process may account for certain cases

of protracted healing of wounds in parts well supplied with adipose tissue. —*Centralblatt für Chirurgie*, No. 43, 1892.

Celluloid Plates to Replace Portions of Skull.—VON EISELSBERG has successfully replaced portions of the skull with plates of celluloid in two cases. In a third case the celluloid had to be removed. He considers that union by first intention is necessary to the success of the operation.—*K. K. Gesellschaft d. Aerzte*, Wien, 1893.

Osteoplastic Surgery.—In an extensive article on osteoplastic surgery, A. SCHMITT, of Munich, concludes that, under favorable circumstances, any sort of foreign body, even when of considerable size, may heal in the tissues without difficulty; but the replacement of bone by foreign substances is only possible so long as it is not expected to assist in the functions of the part; if this be required, the foreign substance is cast out or necrosis of the surrounding bone occurs.

Between living substances taken from *different* species and non-living material there is no real difference, as both must pass, in the same way, through absorption, necrosis, etc. The transplantation of living bone from the *same* species (homoplasty) is limited in its applicability, owing to the difficulty in obtaining material, and doubtful in its results. In some cases real bony union is attained, especially if periosteum has been transplanted; in most cases only ligamentous union occurs, or else absorption, as in the heteroplastic operation.

The only way in which lasting replacements of defects by real bone can be realized, and in which the transplanted fragments really unite with the bone in which they are placed, is by the autoplastic method, in which the transplanted bone is removed from the same individual. Its chances of success are increased if pedicles of soft parts and periosteum are employed. Foreign bodies, such as ivory plugs, which are placed in the medullary cavities of long bones in order to induce union of fragments, heal in well enough, but can easily, especially if they fit tightly, cause necrosis of the surrounding bone. Decalcified bone heals in with little difficulty, but undergoes absorption and replacement by fibrous tissue, like other substances. In the skull, defects may be filled in by replacing the bone removed or by means of the insertion of foreign bodies, which, however, generally become incapsulated. The employment of flaps of skin, periosteum, and bone is, however, the most certain and most sensible proceeding.—*Archives für klinische Chirurgie*, xiv, 2, p. 401, March 15, 1893.

New Osteoplastic Operation in Pseudarthroses of Superficial Bones. —A new osteoplastic operation in pseudarthroses of superficial bones has been done on the tibia by W. MÜLLER, of Aachen. It is especially applicable in parallel bones where a considerable defect exists between the fragments. A flap including skin, periosteum, and a layer of bones is chiseled from one of the fragments adjacent to the pseudarthrosis, and twisted on its pedicle so as to bridge over the defect. All the wound-surfaces are then sutured together as far as possible. Callus is thrown out at once, and healing takes place rapidly.—*Centralblatt für Chirurgie*, March 18, 1893.

Plastic Surgery.—After removing the entire cheek for carcinoma, SCHIMMELBUSCH filled in the defect with flaps from the neck and scalp; the former, which reached nearly to the clavicle, was turned skin-side inward to replace the buccal mucous membrane, and the latter, with its hairy surface outward, covered in the raw surface of the first flap. In this way the beard was replaced and cicatricial contraction prevented, the jaw-movement being preserved. The pedicles were cut in four weeks.—*Berliner medizinische Gesellschaft*, December 1, 1892.

Germany.

DR. A. LUTAUD,
REDACTEUR DER ABTHEILUNG FÜR SCHWANGERSCHAFT; UNFRUCHBARKEIT.

Alle Bücher, Thesen, Separatabdrücke, etc., über den obenerwähnten Gegenstand in deutscher Sprache erscheinend, solten Herrn

DR. A. LUTAUD,
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zugesandt werden.

The Lower Uterine Segment in Pregnancy.—DE SEIGNEUX, of Berlin, believes that he is able to distinguish a demarkation between the cervix and the lower uterine segment. In the lower uterine segment the muscular tissue is arranged in well-marked lamellæ; in the cervix it is only laminated toward the periphery. Thus the level of the internal os can be distinguished in the puerperal uterus and in other conditions where the characteristic epithelium has been destroyed or torn off. De Seigneux selected three specimens for his researches: (1) a uterus from a woman who died of hyperemesis gravidarum at the fifth month; (2) a parturient uterus from a patient who died of diphtheria and erysipelas during the dilatation period; and (3) a uterus from a patient who died, eighteen hours after delivery, from eclampsia. In (1) the lower uterine segment was undeveloped posteriorly, and showed little sign of the hypertrophy of pregnancy in front; the persistence of the cervical canal during pregnancy was distinct. In (2) and (3) no demarkation between the body of the uterus and the lower segment existed, but the segment gradually became thinner toward the cervix. No special "ring" could be found in either case. In all three the distinction between the cervix and the lower uterine segment was clear, and the segment was evidently a part of the uterus.—*Archiv für Gynækologie*, vol. xiii, fasc. 1, 1893.

Pregnancy in Uterus Bicornis.—SCHEPERS relates a case of uterus bicornis unicollis where the fœtus developed in the right horn. Abortion occurred at the sixth month. Before the expulsion of the ovum a decidua was discharged entire from the left horn. The parts were examined during labor; the pregnant cornua felt unusually long and slender, running obliquely from below upward and to the right. On the left side of the abdomen, immediately above the symphysis, a hard body about the size of a fist was detected. It was connected with the uterus. After delivery the cornua were readily detected. They united at an obtuse angle in the middle line.—*Deutsche medicinische Wochenschrift*, No. 20, 1892.

Treatment of Abortion.—ECKSTEIN, of Berlin, has published the report of sixty-six cases of abortion. The rational treatment is the use of instruments, the tampon being only necessary in cases where the cervix is not expanded. When the pregnancy has attained the fifth month the case has to be treated as a normal delivery. When there is fever and infection, the uterus should be emptied as soon as possible with the curette. Ergot should not be given until the womb has been relieved of its contents.—*Präger medicinische Wochenschrift*, No. 17 *et seq.*, 1892.

Great Britain & Colonies.

PROF. CONNER AND DR. FREEMAN,

EDITORS OF THE DEPARTMENT OF AMPUTATIONS, RESECTIONS, AND PLASTIC SURGERY.

All books, theses, monographs, etc., upon the above subjects, should be sent to

PROF. CONNER,
159 West 9th Street,
Cincinnati, O., U. S. A.

Tuberculosis of Joints.—An extensive, illustrated article by ALEXANDER, of Liverpool, treats of tuberculosis of joints. He emphasizes the obscurity still surrounding the origin of these affections, and places little weight on heredity. He regards injury as a prominent cause, followed by use of the part in such a manner as to keep up an irritation. When the focus begins near the insertion of a ligament or tendon, as Alexander thinks it generally does, the movement and consequent irritation are all the greater. Small injuries do the most damage, as more severe ones necessitate a prolonged and absolute rest of the part. The effects of dietary and other hygienic causes are fully discussed. In speaking of treatment, which is very thoroughly considered, the author remarks: "Whilst a considerable amount of rubbish has been written about the importance of extension in joint disease, it remains a fact that some children are most relieved from pain and startings of the hip-joint by the old-fashioned weight and pulley." As regards fixation-splints he says that "neither the profession nor the public have acquired a due sense of the importance of the splint being properly applied for a sufficiently long time." The most important of all local proceedings he regards as thoroughly "lining" the skin over the affected joint once a month with the thermo-cautery; the swelling often rapidly disappears, and a cure is at times secured. Abscess-cavities should be opened *freely* and drained thoroughly; small openings are dangerous.—*Liverpool Medico-Chirurgical Journal*, January, 1893.

Resection of the Knee-Joint in Tubercular Disease.—MILLER, of Edinburgh, gives statistics based on 30 cases of resection of the knee-joint for tubercular disease. The results were characterized as "very good" in 5 cases, "good" in 15 cases, and "fair" in 1 case. Secondary amputations for recurrence were made in 4 cases. One case died shortly after operating, and in 1 case the disease soon returned. In the remaining cases sufficient time has not elapsed to make the results of value.

In operating, he makes an incision below the patella, deeply curved downward toward the tuberosity of the tibia, and another straight across

the centre of the patella, joining the ends of the first. The upper flap is then reflected upward, the tendon of the rectus and adjacent muscular fibres divided, and the entire anterior portion of the capsule, together with the patella and an elliptical portion of skin, stripped downward and removed *en masse* by cutting through the patellar tendon and tibial attachments. The remainder of the joint is then cleaned up, bones resected, etc. It is claimed that the removal of redundant skin is in itself an advantage.

He does not believe in resecting the knee-joints of very young children, on account of the risk of obtaining an atrophic limb; amputation is preferable, as it also is when a large amount of bone must be removed. An excision should not be made when there is extensive disease of the soft parts, because recurrence is almost inevitable. Amputation is better when tubercular disease exists elsewhere; also when the patient is beyond the prime of life. Sepsis may contra-indicate resection at times, but certainly not often.

The editors have recently employed Miller's method of operating in a case of extensive tubercular disease of the capsule and bones of the knee-joint, and can recommend it as an exceedingly satisfactory procedure for gaining access to and thoroughly removing the diseased tissues.—*Edinburgh Medical Journal*, December, 1892.

Necrosis.—MORTON, of Brstol, England, reports two cases of primary necrosis of the pubes, one in a baby of 11 months and the other in a child of 5 years.—*British Medical Journal*, November 26, 1892.

Surgery of the Ligamentum Patellæ.—W. J. WALSHAM successfully treated two cases of elongation of the ligamentum patellæ, with recurring spontaneous dislocation of the patella itself, by transplantation of the tubercle of the tibia, with the tendon attached, to a point lower down on the bone. A similar procedure is useful in other deformities. He has also transplanted the posterior tubercle of the os calcis with the tendo Achillis attached, in order to overcome the elongation of the calf-muscles in paralytic talipes calcaneus.

KEETLEY has removed a wedge of bone from the patella and shortened the internal aponeurosis, in a case of abnormal lateral mobility with a tendency to outward dislocation on kneeling.

GREIG SMITH, of Bristol, has shortened the ligamentum patellæ in a similar case, by resection and herring-bone-stitch sutures of kangaroo-tail tendon.—*Transactions Royal Medical and Chirurgical Society*, February 14, 1893.

Sacro-iliac Disease.—MAKINS reported before the Clinical Society of London three cases of sacro-iliac disease. He urged that the prognosis is better than is usually asserted. It should be treated on the same general principles as other tuberculous diseases of joints. Sir Dyce Duckworth said that the old treatment by actual cautery of the overlying skin had gone out of use, but that it formerly gave good results.—*British Medical Journal*, March 18, 1893.

Great Britain & Colonies.

PROF. E. E. MONTGOMERY,
EDITOR OF THE DEPARTMENT OF DISEASES OF UTERUS, ETC.; MENSTRUATION. DISEASES OF OVARIES AND TUBES.

All books, theses, monographs, etc., upon the above subjects, should be sent to
PROF. E. E. MONTGOMERY,
1818 Arch St.,
Philadelphia, U. S. A.

Ectopic Gestation—Diagnosis.—A. W. EDE, London, says of ectopic gestation that there may or may not be the symptoms of normal pregnancy. The evidence on this point varies greatly. In some it is overlooked, and no suspicion of pregnancy arises. In other cases the mammary and minor symptoms and signs of pregnancy are well marked. The patient's attention is first directed to irregular gushes of blood from the vagina, ceasing and suddenly recurring without assignable cause; more or less fixed, grinding pain in one or the other iliac fossa, which occasionally extends down the inner aspect of the thigh. Severe paroxysmal pains in the same locality, with constitutional symptoms, soon passing off to return again in a few days with increased violence; symptoms of abortion without any appearance of fœtus, merely the expulsion of shreds of membrane, clots, or rarely a complete cast of the uterus in the form of decidual membrane, leading the patient as well as the practitioner to believe that a miscarriage has taken place. The patient may give a history of several years of unfruitful married life, or infertility following a severe miscarriage or confinement. Then a period is missed or the interval unduly prolonged. The usual symptoms and signs of pregnancy may be illy defined or absent, though the patient frequently has the conviction that pregnancy exists. On vaginal examination the uterus is generally found to be bulky and pushed to either side of the pelvis by some more or less defined tumor or swelling, which is often tender on pressure. In some cases distinct pulsation can be felt in the vaginal *cul-de-sac*, on the side where the swelling exists. Bimanual examination discloses sensation of a cyst, and ballottement may occasionally be detected. There may be occasional discharges from the vagina, with possibly shreds or clots, and the occurrence of paroxysms of pain limited to one or other inguinal region. There may be marked trouble with the bladder, irritability or want of power of retention or difficulty in micturition; the bowels may be constipated or completely obstructed if gestation be on the left side. Another symptom may be œdema of the lower extremities corresponding to the side on which the tubal gestation exists, an occasional feeling of numbness or aching in the groin, or want of power in the leg. After possibly a number of attacks of colicky pain, with intervals of entire freedom, the patient, in the third or fourth week, is suddenly seized with pain in the lower abdomen, as if some irritating poison had been taken or something inside had been torn away. Fainting, collapse, clammy perspiration, occasionally convulsions and delirium ensue, with symptoms of violent shock and internal hæmorrhage, from which she may die within a few hours. The conditions which may be most likely confounded with ectopic gestation are: 1. Pelvic hæmatocele (most frequently). It is true that this condition is by some attributed in every case to a ruptured tubal or ectopic gestation. There are cases, however, in which hæmatocele occurs

where no suspicion of pregnancy can be for a moment entertained. It occurs at or about the menstrual period. 2. Another condition is threatened abortion. There is some cystic enlargement of the ovary or tube on one or other side; there may have been more or less persistent pain due to an enlarged ovary or tube. It is rarely so urgent as in ectopic gestation. If there be retroversion and retroflexion of the gravid uterus and some antecedent attack of peritonitis has caused fixation, the difficulty of diagnosis is increased. In such cases, however, there is a history of localized pain extending over some years, and also a previous attack of peritonitis.

In this relation it may be of interest to recite a case that came under the observation of the editor of this department, in which a woman, who had passed but a week over her menstrual period, entered the clinic of the Jefferson Hospital, suffering from pelvic pain, and upon examination it was found that the uterus was retroverted and in a mass; upon the right side there was a pulsation as distinct as if the finger were placed over the femoral artery. This patient was subsequently examined by her attending physician, and in a few minutes later information was brought that she had fainted. Upon reaching her, she was found to be pulseless, gasping for breath, and perfectly pallid. She was at once taken to the ward, given hypodermatic injections, the foot of the bed elevated, surrounded by hot bottles, and, as soon as her husband could be reached and permission given for an operation, the abdomen was opened. It was found to contain over three pints of blood, and a large vessel had ruptured on the right side. This had evidently arisen from a small fœtal sac. The patient did not rally from the shock, and died half an hour after the operation.—*British Medical Journal*, October 22, 1892.

Holland.

DR. A. MIJNLIEFF,
REDACTEUR CORRESPONDENT FÜR GEBURTSHÜLFE UND PUERPERAL KRANKHEITEN.

Alle Bücher, Thesen, Separat ab drücke, etc., über obengenannte Gegenstände in hollandische Sprache erscheinend, solten Herrn

DR. MIJNLIEFF,
Breukelen,
Holland.
zugesandt werden.

Vaginal Bacteriæ, and their Bearing on Obstetrical Practice.—G. C. NIJHOFF publishes a *résumé* of Gönner's, Winter's, and Sheffeck's labors in this direction, including the very interesting bacteriological examinations of Döderlein.—*Werken van het Genootschapter Bevordering van geneesen heelkunde*, 2d S., Deel. 1, Afl. 3.

Secondary Perineorrhaphy.—T. W. BECKER expresses his opinion that, although every perineal rupture following parturition should at once be repaired, there are, however, circumstances under which the measure may be contraindicated. He embodies his views in the following conclusions: Immediate operation should not be resorted to (1) when the perineum is œdematous; (2) when, during the parturition, the amniotic fluid exhales a fetid odor; (3) when the parturient is feverish; (4) when the edges of the wound are severely lacerated,—a condition favoring gan-

grene; (5) when, subsequently to the parturition, it becomes necessary to fill the uterus with iodoform; (6) when the illumination is faulty.

For such cases only is secondary suture advisable,—*i.e.*, on the ninth to twelfth day, when the edges of the wound are undergoing healthy granulation. What the author calls "tertiary perineorrhaphy," a much more serious and dangerous operation, can thus be avoided. The edges of the wound should be carefully freshened by paring before approximation, or scraped with a sharp spoon or curette. Carbolized silk is advocated as the best material for stitching. After one or two days, castor-oil or fluid extract of cascara sagrada may be administered.

Histories of cases treated in this manner at the clinic of Professor Treub demonstrate the good results to be obtained from this method.—*Inaugural Dissertation*, Leyden, 1892.

Brachygnathia in a Newly-Born Child.—C. T. SCHREVE furnishes a very careful description of this rare deformity, cases of which, he says, have only been reported so far by Nrolik, Otto, Gürdan, and Arnold. The work contains three very fine illustrations.—*Nederlandsch Tijdsch. v. Verlorkunde und Gijnæcologie*, 4e Jaarg., Alf. 1.

Italia.

PROF. H. OBERSTEINER,
REDATTORE PER LE MALATTIE DELLA MIDOLLA SPINALE.

Si prega di mandare libri, stampe, etc., sul suggeto precedente che vedono la luce in Italia al

PROF. H. OBERSTEINER,
XIX Döbling,
Vienna,
Austria.

Syringomyelia and Pellagra.—In a case reported by PELLIZI, of Regio-Emilia, syringomyelia was combined with pellagra. The patient was a male, aged 46 years, in whom a painful swelling made its appearance upon the neck, but soon after disappeared, upon which progressive paralysis of both legs occurred, with pellagious erythema upon the outer sides of both hands, and, later on, the characteristic psychic disturbances peculiar to pellagra. In the further progress of the disease it presented more and more the character of transverse myelitis,—progressive spastic paraplegia of the lower extremities (a frequent symptom of pellagra as well). With this condition the upper extremities remained unaffected, as regards mobility, while the sensibility was only slightly diminished; there was a total absence of trophic disturbances of the skin and muscles, if we except the swelling in the neck first mentioned. The absence of disturbances of the rectum and bladder is also striking, as well as the slow progress of the disease (five years). Upon post-mortem examination the upper third of the cervical cord was found almost entirely degenerated, through glioma, and from there downward, behind the central canal, a hollow cavity of varying dimensions was found, extending to the lumbar portion of the cord. The syringomyelitis in this case did not remain latent, while the symptoms present did not at all correspond with the well-known type of this disease. In the case quoted by Lépine (*Lyon médical*, December 4,

1892), the three well-known principal symptoms of syringomyelitis were also hardly recognizable. The patient, a man aged 38 years, had the year before lain in the wet grass, while intoxicated; hereupon he had icterus and anasarca, lancinating pains, paralysis of the lower extremities; patellar reflex was absent; there was slight disturbance of sensibility over the upper extremities and paralysis of the extensors. Death resulted from peritonitis. At the post-mortem there was found a glioma of the spinal cord, with central softening and segmentary alcoholic neuritis.—*Revista sperimentale di fremiatria*, vol. xviii.

Poland.

DR. J. DRZEWIECKI,
Redaktor Korespondent z działu polskiej literatury tyczącej się: Medycyny ogólnej i lecznictwa; pediatryi; akuszerzyi; ginekologii; laryngologii; otologii; hygieny; demografii; medycyny sądowej; histologii; patologii; bakteryjologii; anatomii; fizjologii.

Wszystkie pisma lekarskie, dzieła, rosprawy, monografije, itd., w języku polskim wydane, a tyczące się przedmiotów powyższych, winny być nadsyłane pod adresem

DRA. DRZEWIECKIEGO,
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Warszawa,
Królestwo Polskie.

Various Significances of Romberg's Symptom.—Romberg's symptom, generally employed in establishing a diagnosis of ataxia, is by no means limited to that affection. F. CHLAPOWSKI shows that certain diseases present it also,—*i.e.*, several aural affections, especially those of the labyrinth; disorders of the stomach and intestines. The special significance he ascribes to Romberg's symptom, however, is that offered in the primary stages of arterio-sclerosis and in Bright's disease. According to him, it is often the only symptom present at the start, furnishing, on that account, a powerful aid in establishing an early diagnosis.—*Nowiny Lekarskie*, March and April, 1893.

Neuritis Traumatica and its Simulation.—HIGIER describes two cases of neuritis traumatica. In the first case, after a blow in the back, a series of symptoms appeared, especially in the lower extremities, represented by reduction of muscular power and of sensation and of virile power, accompanied by constipation and retention of urine, concentric narrowing of the visual field on both sides, psychical symptoms and hallucinations of sight, depression, irritability, and amnesia. In the second case, a week after luxation of the right ankle-joint, paralysis of the right foot appeared; a month later, contraction of muscles, but without the reaction of degeneration, other than that of Rumpf's traumatic reaction, accompanied by concentric narrowing of the field of vision in the right eye. Higier then analyzes a series of symptoms considered by the Germans as occurring in neuritis traumatica, in connection with simulation. He remarks that neuritis may be diagnosed only after exclusion of organic disorders of the nervous centres and other organs, and that special attention should be paid to anamnesis, which very often shows predisposition, as well as to the psychical state of the patient. He favors the idea of simulation, but is inclined to believe that, the further the history of the case will be probed, the more will the doubt decrease. He oftener encounters exaggeration than simulation, the former being provoked by long examinations, influence of sur-

roundings, uncertainty as to the result of the examination, etc., etc. He concludes (1) that neuritis traumatica is the combination of the symptoms of hysteria and neurasthenia; (2) that there is no local, but general, neuritis; (3) that to the symptoms which cannot be simulated belong the narrowing of the field of vision, Rumpf's reaction, diminution of galvanic irritability, Maunkopf's symptom, etc., etc.; (4) that the requirements of life-insurances and examination by many physicians favor the development of simulation; (5) that examination by a specialist alone should bear decisive significance.—*Gazeta Lekarska*, Nos. 11 to 15, 1893.

Contribution to the Diagnosis of Tumors of the Mediastinum.—A. SOKOLOWSKI found, in a patient 52 years old, (1) extended dullness over the sternum, as well as on the right side of the chest; (2) greatly-enlarged glands over the right collar-bone; (3) contraction of the right pupil; (4) swelling, principally of the right side of the body; (5) considerable dilatation of the veins of the chest and abdomen. These symptoms, together with dyspnœa, difficult swallowing, and gradual marasmus, served for diagnosing a tumor of the mediastinum, which was demonstrated by autopsy. The microscopical examination proved the tumor to be a malignant sarcoma of the lymphatic glands. By exploratory puncture in the third right intercostal space pus was liberated, and autopsy proved that it came from one of the numerous bronchiectases which were in the right lung, the contents of which could not be evacuated on account of pressure produced on bronchi by secondary tumors disseminated in the lung.—*Gazeta Lekarska*, No. 12, 1893.

A New Method of Determining Uric Acid.—W. MIZERSKI, basing himself upon his observation that uric acid precipitates silver from a solution of nitrate of silver and decomposes during this reaction, proposes the following method for determining uric acid in the urine: 50 cubic centimetres of urine are evaporated, in a little porcelain bowl, almost to dryness; to the remainder are added 8 to 10 cubic centimetres of hydrochloric acid, with the addition of 1 to 2 cubic centimetres of alcohol. The sediment, precipitated in this way, is washed with alcohol (90 per cent.) until the reaction on the chlorine disappears, after which it is dissolved in 5 to 10 cubic centimetres of 1-per-cent. solution of carbonate of lithium. The solution obtained in this manner, after filtration, is added to 10 to 15 cubic centimetres of the solution of nitrate of silver, mixed with ammonia (1 cubic centimetre of solution of nitrate of silver equals 0.01 Ag.).

After precipitation of black sediment the liquid, after being boiled, is filtered, and, by sulpho-cyanide of potassium (Volhard's method), the remaining undecomposed part of nitrate of silver is fixed.—*Nowiny Lekarskie*, March, 1893.

Disfigurement of the Pupil on Account of Unequal Reaction.—During the last nine years, B. ZIEMINSKI observed 207 cases in which the pupil departed from the regular shape, taking an angular form, on account of the unequal reaction of separate segments of the iris. Out of 207 patients, undoubted signs of paralysis progressiva were found in 168; 15 suffered from danger-

ous consequences of chronic poisoning by alcohol, with the so-called symptoms of paralysis alcoholica; 2 were affected with paralysis progressiva, occasioned by poisoning through lead; 1 suffered from epilepsy, 5 from a grave form of neurasthenia, and 3 from grave forms of hysteria. In the remaining 13 patients, after prolonged observation, he succeeded in detecting paralysis progressiva, complicated, in 7 cases, with tabes, in 2 cases with paralysis spinalis spastica, and in 4 cases with *sclérose en plaques*. In all of the 207 patients with the disfigurement of the pupil, 198 suffered from paralysis progressiva.—*Przeglad Lekarski*, No. 12, 1893.

Sweden.

DR. F. EKLUND,
Brefväxlande Medarbetare
för den
SVENSK MEDICINSK
LITTERATUR.

Af alla i Sverge utkommande medicinska tidskrifter, bocker, afhandligar, monographier a. s. v. torde ett exemplar benäget öfversändas till

DR. ABRAHAM
FREDRIK EKLUND,
Sibyllegatan, 3 A,
Stockholm.

Researches on the Effects of Certain Arrangements for Heating and Ventilation Actually in Use in Berlin, and the Opinions Based thereon from an Hygienic Point of View.—On the ground of a comparison between the different systems,—viz., heating by hot air, steam, or warm water,—E. SETTERBOM believes himself authorized to express the opinion that the two latter systems present decided hygienic advantages over the system of heating with hot air. —*Dissertation for the doctorate in medicine.* 96 pp. With 31 cuts and a plan. Stockholm, 1893.

One Hundred Cases of Pseudomembranous Angina, Examined Especially with Regard to the Occurrence of the Diphtheria Bacillus (Klebs-Loeffler).—In 63 cases examined by CARL JANSON the true diphtheria bacillus has been met with; in 37 cases it was absent. Of these latter 17 were scarlatinous diphtheria and 20 angina with pseudomembranes; but the so-called pseudodiphtheritic bacillus Janson has found only in a couple of cases. In 10 of the 20 cases last mentioned, he met with streptococci solely, or in preponderant number, once together with staphylococci, and once with diplococci. In 9 cases he found cocci of different species, partly staphylococci, partly other cocci. According to Janson, the early scarlatinous diphtheria is caused by streptococci; the late (not earlier than the second week) by the diphtheria bacillus. In the majority of cases microscopical examination might prove sufficient, but it may be that the diphtheria bacillus is overlooked during the microscopical researches and appears in the culture. It is not permissible to declare a patient cured before the absence of the diphtheria bacillus has been verified by culture. Disinfection of the garments, handkerchiefs, etc., is essential. Washing in a 20-per-cent. solution of carbolic acid is useful.—*Hygiea*, lv, 4, pp. 407–414, Stockholm, 1893.

Diseases of the Urinary Organs.—I. On cystitis, senile dysury, and cystotomy, in their reciprocal relation. Concerning the question as to the

manner in which cystitis arises, IVAN SVENSSON holds the opinion that, in men, in the great majority of cases, the introduction of microbes into the urinary bladder is due to some surgical intervention, as, for instance, to catheterization, to intra-vesical exploration, etc.; while spontaneous infection of the bladder from a healthy male urethra is rare, but not so rare in the case of a female. In this connection Svensson answers in the affirmative the question whether a constitutional urinary infection may not remain latent for some time and, later on, suddenly come to an outbreak on some slight provocation; for instance, lesions at an examination, etc.; while he denies the fact that the so-called urethral fever is due in all cases to an infection. The immunity in men with chronic cystitis, who have made daily use of infected catheters, at times of old and fetid catheters, during many years, without aggravating their condition, he imputes to an absorption of (vaccination by) toxins, which takes place little by little from the microbes in their own virulent urine. Svensson demands that every old man in whose case it is to be feared that, sooner or later, urinary retention as a consequence of prostatic hypertrophy or atony of the bladder may arise, shall already, before urinary retention compels him to do so, while he is still in possession of sufficient health and force, endeavor to become accustomed to the use of the catheter, even if he runs the risk of acquiring a cystitis.

In the chapter on hypertrophy of the prostate and senile dysury, Svensson expresses the opinion that the former cannot be considered the essential cause of the prostatismus, whose origin he searches in an atony of the urinary bladder, with more or less marked pathological alterations of this organ. In certain cases of prostatic hypertrophy he considers prostatectomy as quite a legitimate operation, which must chiefly be directed against hypertrophy of the lateral lobes. Generally speaking, perineal cystotomy is less suitable as preliminary operation to prostatectomy, which is definitely contra-indicated in the cases where the *pars prostatica urethræ* is considerably pressed together, from side to side, by the thickened lateral lobes of the prostata, or where these are so strictured that they reach into the bladder.

In cases of excrescences of the prostate, Svensson does not practice prostatectomy, but supra-pubic cystotomy, with the establishment of a vesical fistula. In regard to the question of instillations of nitrate of silver, he has experienced the total inactivity of the applications made in the old way in cases of tuberculous cystitis, where a weak solution of corrosive sublimate is more beneficial. Among nearly two hundred cystotomies of all sorts, performed for different purposes in the Sabbatsberger Hospital during the last ten years, the majority were perineal, for drainage of the bladder, in cases of chronic and even purulent inflammation, bleeding, etc.; almost all were very successful. Svensson considers perineal cystotomy much less dangerous than repeated catheterization in the case of old men with senile dysury and urinary retention, unaccustomed to this procedure. In a case treated in detail by the author, the perineal cystotomy performed the functions of an efficacious diuretic.—*Hygiea*, lv, 3, pp. 217–251; 4, pp. 329–374. Stockholm, 1893.

A Case of Inversion and Falling of the Puerperal Uterus.—Primipara, aged 27. Fifteen minutes after parturition, the uterus became inverted simultaneously with the expulsion of the placenta. About an hour and a quarter later, DREJER was able to make the reduction. Recovery followed. Contrary to the opinion generally accepted, that the fundus uteri is the starting-point in inversion, the author emphasizes the fact that one must consider that inversion is effected from below upward, which assertion is fully confirmed by the case in question.—*Norskmagazin for lagevidenskaben*, L, iii, 10, Christiania, 1892.

On the Treatment of Cystitis by Intra-vesical Injections of Iodoform in Ether with the Addition of Olive-Oil.—In all of the eleven heterogeneous cases observed by OSKER BLOM, the injections in question proved very salutary. In several cases, both acute and chronic, a complete recovery was made, and this after a relatively short treatment; in other cases a considerable improvement resulted.—*Finska Läkare*, etc., xxxiv, 8, Th. 667–676, Helsingfors, Finland, 1892.

On the Frequency of Transitory Albuminuria.—Basing his opinion upon an examination of the urine of one hundred and fifty strangers who were taking the waters at Le Ponta, J. BEXELIUS considers himself justified in advancing the following conclusions: 1. The frequency of transitory albuminuria in these persons was 3.33 per cent., which figure is much lower than that found in healthy persons. 2. The frequency of cystic albuminuria was 2 per cent. 3. The author explains the low figure of 3.33 per cent. through the fact that the circumstances in which the individuals examined found themselves were such as to reduce as much as possible the conditions which usually cause albumen in the urine. 4. That the author is justified in maintaining the denomination "transitory" for this form of albuminuria, while at the same time demonstrating the incorrectness of the term "physiologic." 5. The author has classed cystic albuminuria as a sub-group of the transitory disease.—*Hygiea*, liv, 11, pp. 720–728, Stockholm, 1892.

United States.

PROF. E. E. MONTGOMERY,

EDITOR OF THE DEPARTMENT OF DISEASES OF UTERUS, ETC.; MENSTRUATION. DISEASES OF OVARIES AND TUBES.

All books, theses, monographs, etc., upon the above subjects should be sent to

PROF. E. E. MONTGOMERY,
1818 Arch St.,
Philadelphia, U. S. A.

Sequelæ of Gonorrhœal Infection.—GEO. T. HARRISON, of New York, very justly considers gonorrhœa in women as a serious disease, and says the clinical facts have demonstrated that all the inflammatory processes, whether in the Fallopian tubes, ovaries, peritoneum, or broad ligaments, not only could be, but were, produced by the gonococcus of Neisser. He says the wife of a man who prior to matrimony had been the victim of this disease will sooner or later have some form of gonorrhœa. He claims that nine-tenths of the cases remain uncured, and of one hundred women who married men who have had this disease, hardly ten remain healthy. He

classifies the consequences under four heads: (1) acute perimetritis; (2) recurrent perimetritis; (3) chronic perimetritis; and (4) oöphoritis. The danger of such conditions obligates a gynæcologist to be careful in dilating a woman's womb, as the infection is early carried into the uterine cavity and from thence to the tubes.—*New York Medical Journal*, October 29, 1892.

Cancer of Thoracic and Abdominal Viscera Complicating Sarcoma of Ovaries.—E. G. CUTLER, of Boston, reports a case in which sarcoma of the ovaries was complicated by cancerous nodules in the heart, lungs, omentum, peritoneum, supra-renal capsules, liver, stomach, and intestines, with spindle-celled sarcoma of the ovary.—*Boston Medical and Surgical Journal*, October 6, 1892.

Cœliotomy vs. Laparotomy.—R. P. HARRIS, of Philadelphia, properly calls attention to the misuse of the term laparotomy, and shows by the derivation of the term that cœliotomy is the term that should be used for abdominal section in the median line. He says the misapplication of the term commenced in 1811, in the medical thesis of a Wittenberg student named Fiedler. The term is a misnomer, for the reason that *laparo* means the flank. The proper term is cœliotomy, from the Greek word, *koilia*, meaning the abdomen.—*Medical and Surgical Reporter*, October 15, 1892.

United States.

PROF. CONNER AND DR. FREEMAN,

EDITORS OF THE DEPARTMENT OF AMPUTATIONS, RESECTIONS, AND PLASTIC SURGERY.

All books, theses, monographs, etc., upon the above subjects, should be sent to

PROF. CONNER,
159 West 9th Street,
Cincinnati, O., U. S. A.

Resection of the Knee-Joint.—J. E. MOORE, of Minneapolis, records six cases of resection of the knee-joint. He uses the Esmarch bandage, but removes it before applying the dressings, in order to control hæmorrhage. His incision passes above the patella, which is always removed. The bones are united by four steel-wire nails, which remain in place a month, at the end of which time the first dressings are removed. Rubber drainage-tubes are not desirable, as relapses are apt to occur around the openings left by them. Plaster splints are most convenient. The results were all good.

An interesting article on the Wladimirow-Mikulicz osteoplastic resection of the tarsus has been written by Roersch. Seventy-six cases have been reported, with 57 good or very satisfactory results. One case died of pyæmia. Fourteen secondary amputations were necessary,—10 for returning caries, 3 for gangrene of the anterior portion of the foot, and 1 for failure of osseous union. The different methods of operating, indications, precautions, etc., are discussed.

A successful synchronous resection of the heads of both humeri, for acute osteomyelitis in a child of two years, was made by Owen and Wagstaff.—London *Lancet*, March 4, 1893.

Internal Derangement of Joints.—TUTTLE, of New York, has written an excellent account of our present knowledge of internal derangements of the joints, including loose or movable bodies. He gives the following table of cases for comparison, collected by different writers:—

	Cases.	Cured.	Failures.	Mortality.
Benndorf,	216	66.2⅔	18.99 per cent.	14.99 per cent.
Larrey, 1860,	167	68.86	17.76 "	11.38 "
Barwell, 1884,	88	82.95	5.68 "	11.36 "
Tuttle, since 1885,	107	97.19	2.81 "	

The absence of deaths since 1885 is due to the advent of antiseptic and aseptic methods.—*New York Medical Journal*, December 3, 1892.

Complete Reunion of Severed Fingers.—FINNEY sutured the ends of the ring and middle fingers in place seven hours after they had been cut off by a machine. Firm union took place within two weeks. When seen, at the end of three years, motion and sensation were complete. Antiseptics were avoided because they form a thin layer of coagulation-necrosis, which might interfere with union.—*Johns Hopkins Hospital Bulletin*, October, November, 1892.

Sacro-iliac Disease.—Disease of the sacro-iliac articulation is discussed by RIDLON, of Chicago, and JONES, of Liverpool. Mechanical treatment is not very successful, for it is a difficult problem to immobilize the sacro-iliac joint; but, nevertheless, the Thomas double hip-splint, with certain modifications, may be tried. As soon as suppuration begins, the joint should be opened and all tubercular material removed. If an abscess is detected within the pelvis, through the rectum, it may be reached by trephining the ilium.—*Annals of Surgery*, March. 1893.

United States.

PROF. H. OBERSTEINER,
EDITOR OF THE DEPARTMENT OF DISEASES OF THE SPINAL CORD.

All books, theses, monographs, etc., upon the above subject, should be sent to

PROF. H. OBERSTEINER,
XIX Döbling,
Vienna,
Austria.

Hereditary Ataxia.—SANGER-BROWN, of Chicago, minutely describes twenty-one cases of hereditary ataxia, all belonging to a single family, and comprising four generations. The author is inclined—with a certain reserve—to consider these cases as hereditary ataxia, but also recognizes the fact that they differ in some important features from the type usually presented by this disease. These important deviations, which Ormerod and Bernhard also call attention to, are the following:—

1. In true hereditary ataxia (Friedreich's form), the disease usually presents itself between the ages of 12 and 18, while in the cases quoted by Brown it frequently manifests itself much later (for example, at 45 years).

2. The majority of his patients were not of the female sex; it would appear that the disease is simply transmitted through their agency.

3. Brown frequently, though not invariably, observed ptosis, which is generally absent in Friedreich's form.

4. Amblyopia and amaurosis, which are never observed in Friedreich's disease, were constant and early symptoms in Brown's cases.

5. In the latter, the knee-jerk, which is absent in the former, was increased, foot-clonus being also present.

6. Brown did not observe club-foot nor scoliosis.

7. Pupil-reaction was deficient in Brown's patients,—a fact not to be wondered at, since in the majority of cases there was optic atrophy; a symptom which does not occur in Friedreich's disease.

As Brown did not have occasion to make a post-mortem examination in a single case, nothing positive could be determined concerning the nature of this disease. Undoubtedly, however, it closely resembles the hereditary ataxia of Friedreich.—*Brain*, No. 58.

Pathological Alterations in the Cord in a Case of Muscular Atrophy.—W. H. Riley reports a case of muscular atrophy in which the spinal cord was found to be involved. About one year before the death of the patient, constantly increasing weakness in both legs became apparent; later on the muscles of the body also became affected, as well as those of the upper extremities; patellar reflex was absent, and the muscles were completely relaxed. There were no apparent disturbances of sensibility. At the post-mortem there was found atrophy of the anterior cornu cells and of the anterior roots, as well as very perceptible degeneration of the lateral pyramidal tracts, these changes being most pronounced in the lumbar region. The pathological alteration of the spinal cord was such as would occur in amyotrophic lateral sclerosis. Notwithstanding the diseased condition of the pyramidal tracts, no spastic symptoms were noticeable. Gowers has observed that in atonic muscular atrophy the pyramidal tracts are also usually found to be diseased.—*Journal of Nervous and Mental Diseases*, No. 8.

Clinical Notes.

Sozoiodolate of Zinc in Gonorrhœa.—Czadek, of Kiew, has frequently had occasion to prescribe injections of the sozoiodolate of zinc in the treatment of gonorrhœa, with the most happy results. The sozoiodolate of zinc (half of one scruple of the drug to six ounces of water) exerts a marked influence in arresting the abundant secretion of the urethra and in subduing high inflammatory action in the acute stage.

Diagnosis of Diphtheria.—In a very useful paper published in the *New York Medical Record*, Wm. H. Park, of New York, alluded to the importance of an early diagnosis in cases resembling diphtheria. His remarks and advice were based upon the fact that the presence of the Klebs-Loeffler bacillus establishes the diagnosis of true diphtheria in cases of pseudo-

membranous inflammation and the absence of this microbe, but the presence of streptococci or other forms of cocci establishes the diagnosis of pseudo-diphtheria. For the purpose of obtaining material from a suspected throat for cultures and microscopic examination, Park employs a small sterile cotton swab. A little absorbent cotton is firmly wound around a thin steel rod, six inches in length. This is applied to the inflamed surface in a case of suspected diphtheria, and the material adherent to the cotton is conveyed to the surface of solidified blood-serum. This culture medium is contained in glass tubes one-quarter full, and having an oblique surface. The tube is then placed in an incubator at 37° C. (99° F.), and in twelve hours it is ready for microscopical examination. On inspection the blood-serum surface will be seen to be dotted with very numerous, just visible colonies. In the great majority of cases one of two pictures will be seen with the oil-emersion lens,—either an enormous number of characteristic Loeffler bacilli with a moderate number of cocci, or a pure culture of cocci mostly in pairs or chains. Park adds: "In about one-third of a large number examined, the immediate cover-glass smears contained such an enormous number of typical Loeffler bacilli that the diagnosis of diphtheria could positively be made. Although in the rest a pretty accurate guess could be given, I found it usually unsafe to certainly exclude diphtheria. It is much safer to wait twelve hours for the growth of the cultures." Park, in concluding his instructive and useful paper, makes the following remarks, to which all clinical observers will acquiesce: "The making of a true diagnosis in every case is not of scientific interest only, but of great practical importance. Care for the public health requires that every case of possible diphtheria be properly isolated and treated as diphtheria until all doubt is removed. . . . In doubtful cases it is the duty of physicians to make use of cultures. A correct diagnosis will also be a satisfaction to them, and be a help in prognosis and treatment."

Hot-Water Table to Obviate Shock.—ALEXANDER DUKE advocates a hot-water table upon which the patient can lie during operation, and thus decrease the danger of shock. The table has a double top of tin or zinc, which is filled with hot water previous to the operation, and covered with a blanket on which the patient lies during the operation, and afterward, if necessary. In addition to the decrease of shock, it adds to the comfort of the patient in cold weather, and relieves the anæsthetizer from much anxiety. A special table is unnecessary; merely two flat zinc receptacles the length of the table and half its width, sloping toward the centre and laid side by side. These filled with hot water (43° C.—110° F.) and covered with a blanket only require a trial to convince the operator of their value.

THE ELEVENTH INTERNATIONAL CONGRESS OF MEDICINE.

The Secretary-General of the Eleventh International Congress of Medicine, which was to have been held in Rome on September 24, 1893, has cabled from Genoa that the Congress has been postponed to April, 1894.

Recent Suggestions in Therapeutics.

Ankle Sprains.
Hot water applied continuously for several hours; carefully applied *narrow flannel bandage* covering entire foot and ankle. This removed daily and *deep finger-massage* wherever there is tenderness. Painful first few days, but recovery prompt. (P. C. Barker, *New York Medical Journal*, June 17, 1893.)

Cancer of Skin.
Remarkable results reported by treatment with *arsenic* internally and subcutaneously. Contrary to previous views, shows that under internal use of *arsenic* certain suitable cases can be made to cicatrize. (Lassar, *Berliner klinische Wochenschrift*, June 5, 1893.)

Carbuncle.
Fill hypodermatic syringe with 1-to-500 solution of *bichloride of mercury;* insert needle into one of the openings of carbuncle as far as it will readily go. Inject the solution so as thoroughly to wash out the cavity immediately beneath the opening. Then thrust the needle (after carefully aseptising it—Ed.) into the surrounding induration and force a little of the solution into the tissues. Repeat until every opening or impending opening has been washed out, and its corresponding periphery has been injected. Dress carbuncle with weak antiseptic ointment and repeat injections (reduced to 1 to 1000) daily until the slough has separated. (P. C. Barker, *New York Medical Journal*, June 17, 1893.)

Cutaneous Pruritus.
Electrical effluvium. Place patient on stool furnished with glass feet, connected with one of the poles of a powerful static machine. A pointed electrode connected with the other pole is then approached to within 10 or 15 centimetres of the pruritic surfaces. A fresh breeze is experienced by the patient, at times accompanied by a sensation of not unpleasant pricking. The electrode is gently carried all over the diseased part twelve or fifteen minutes. (M. H. Leloir, *Le Bulletin Médical*, June 28, 1893.)

Diuretin.
1. A diuretic acting by direct stimulation of renal epithelium, best suited to cases in which there is general dropsical effusion. 2. Best medicinal remedy for removing dropsical fluid due to valvular disease of heart, after digitalis and pure cardiac tonics have failed. 3. Can be advantageously combined with digitalis and pure cardiac tonics. 4. Probably has direct effect upon heart as well as upon kidney, slowing and strengthening action and improving rhythm. 5. Frequently beneficial in other circulatory diseases with dropsy, as myocarditis, pericarditis, aneurysm, arterio-sclerosis. Action here more uncertain than in valvular disease. 6. In dropsy of nephritis can be used without danger of irritating kidneys. Where renal epithelium has undergone too extensive degeneration, may fail. 7. In dropsy of portal obstruction, and especially of cirrhosis of the liver, usually fails. 8. Occasionally causes nausea, vomiting, diarrhœa, palpitation, headache, and slight fever; rarely skin eruptions. 9. Maximum daily amount that can be given with safety, 150 grains (5 grammes); the average daily amount is 50 to 120 grains (4 grammes), given in divided doses. When combined, in heart cases, with cardiac tonics, smaller doses of *diuretin* can be employed. 10. Should be given in solution in water, milk, pill or capsule, without acids, and between meals. (Herrick, *Journal American Med. Association*, March 11, 1893.)

Gonorrhœa.
Results obtained by two methods with regard to the appearance of complications such as posterior urethritis and epididymitis. First 150 cases treated during first week by restricted diet, with alkaline diuretics. If the disease had reached the stationary stage injections of some sort were ordered (*silver nitrate* 1 to 3000, or *hydrastis* and *bismuth*). At the same time balsamic drugs given internally. In subsiding period stronger injections containing *lead* or *zinc* were given. Second series of 150 treated on different principle. *Balsams* given from commencement and for three or four weeks. No injections allowed till affection was subsiding, namely, at end of third week. Result of the first 150: cure uncomplicated 85, posterior urethritis occurring in 52, epididymitis in 13. Of the second 150: uncomplicated cure 134, posterior urethritis in 12, epididymitis in 4. (*Christian Therapeutic Gazette*, March, 1893.)

Hæmoptysis.
Nitrate of pilocarpine, ¼ to ⅓ grain (0.015 to 0.02 gramme) subcutaneously, arrests bleeding in 15 to 30 minutes. Assisted by *hot bran-bags* to upper part of the spine. To be used with care, owing to possibility of idiosyncrasy. Contra-indicated when heart affection present, during active pulmonary congestion, and œdema, advanced pregnancy, disordered or diseased condition of gastro-intestinal mucous membrane. (Kalkhusru Jivanji, *Indian Medical Record*, June 1, 1893.)

Hiccough.
Patient to lie down; place pillow or something similar below shoulders to cause them and head to hang slightly. This produces tension of the abdominal muscles and draws up diaphragm; then press over xiphoid cartilage. (McCabe-Dallas, *Indian Medical Record*, June 1, 1893.)

Infantile Tuberculosis.
Inhalations of *ozonized atmosphere* daily, of 20 to 40 minutes' duration. *Swedish movements* calculated to increase respiratory power and general nutrition. Excellent results reported. (Dereeq, *Journal de Médecine de Paris*, June 15, 1893.)

Intermittent Fevers.
Instead of resorting to preventive treatment which obliges patient to take antiperiodics between attacks, administer *quinine* when attack begins. Actual attack hardly ever influenced, but quotidian types, for instance, fail to appear at all during the next five days at least; every other attack missed in quartans, etc., and effect of drug not lost. Cures frequent. (A. Treille, *Le Bulletin Médical*, June 27, 1893.)

Parturition.
To facilitate labor in previously difficult cases, increase nutrition and, therefore, physiological force, by administering *codliver-oil* during pregnancy, commencing at fifth month and continuing until ninth. (R. Atmaran, *Indian Medical Record*, June 1, 1893.)

Pertussis.
Rectal injections of *carbonic-acid gas*, administered after each paroxysm, but not within three hours after a meal. One to two quarts of CO_2 containing, say, ½ grain (0.03 gramme) of *pyridin*. Food may be taken immediately after injection, the digestive functions being in no way influenced. But few cases have resisted this treatment more than a week. (A. Bergeon, *Lyon médical*, June 25, 1893.)

Puerperal Septicæmia.
Curette interior of uterus, then wash uterine cavity with great care. Pass ovum-forceps so as to remove any portion of placenta too large to escape during the process of washing out. Then swab cavity with *iodized phenol*, again irrigating uterus after this to prevent any superfluity escaping into vagina. Lochia not always offensive even when considerable amount of placental tissue is retained. (Arthur W. Edis, *British Medical Journal*, June 10, 1893.)

Ringworm.
Iodized collodion. Apply to affected surface and surrounding margin one of following collodion solutions: 1. *Alcohol* at 95°, 12 grammes (3 drachms); *metallic iodine*, 0.75 gramme (12 grains); dissolve and add *collodion*, 35 grammes (1 ounce and 1 drachm); *Venice turpentine*, 1.5 grammes (22 minims); *Castor-oil*, 2 grammes (½ drachm). 2. *Alcohol* at 95°, 5 grammes (75 minims); *ether*, 5 grammes (75 minims); *collodion*, 30 grammes (1 ounce). These are applied for three or four successive days until there is a homogeneous, adherent, thick surface. After fifteen days this layer is removed and the part of the scalp which is laid bare is washed with a solution of *perchloride of mercury*, 1 in 500; afterward the patch is treated by ordinary methods. Or, solution of *iodine in collodion*, 1 in 30, alternating four days, with three days *vaseline*. (*Bulletin Annales de Dermatologie et de Syph.*, April, 1893.)

Seasickness.
Chlorobrom. Termed by author "most satisfactory remedy yet produced." In cases where patients, though not suddenly and violently sick, suffer from continued malaise, headache, nausea, depression, sleeplessness, and anorexia (a condition frequently dangerous in delicate people), *chlorobrom* most valuable. (Napier Ledingham, London *Lancet*, June 24, 1893.)

Urethral Fever.
To prevent urethral fever in operations involving contact of instruments with urethra, *boric acid* 5 to 10 grains (0.33 to 0.66 gramme) in water, every four hours for forty-eight hours previous to operation and afterward. As local antiseptic, 1-to-6000 *corrosive sublimate* best; in connection with internal urethrotomy. For instance, leave an ounce (30 grammes) or so in the bladder to offer some protection to wound when urine is spontaneously passed for the first time after operation. Immediately after latter, 5 grains (0.33 gramme) of *quinine* in a teaspoonful of *brandy* and an ounce (30 grammes) of water. (Reginald Harrison, *The Clinical Journal*, June 28, 1893.)

Reviews.

LES SERVICES SANITAIRES DE LA VILLE DE PARIS ET DU DÉPARTEMENT DE LA SEINE (THE SANITARY SERVICES OF THE CITY OF PARIS AND OF THE DEPARTMENT OF THE SEINE). Par *A. Joltrain*, Secrétaire de la Société Française d'Hygiène. 1893. 8vo, of about 300 pages. Publishers, Berger-Levrault et Cie., 5 rue des Beaux-Arts, Paris.

This is a timely work, says our eminent associate editor, Dr. Dujardin-Beaumetz, in introducing this book, and we certainly agree with him. The hygiene of great cities is the order of the day, and we see on all sides great municipalities organizing as perfect sanitary services as they can well afford. They are guided by the fact that, in order to successfully combat the inconveniences resulting from great agglomerations of human beings, every means furnished by hygiene must be utilized for the preservation of life. In some countries this is more necessary than in others,—*i.e.*, those in which nativity seems to be on the decrease. France is, very unfortunately, comprised in this group.

Serious efforts have certainly been made in that country, especially the last few years, to render as perfect as possible the sanitary conditions of her great capital, thanks to the unceasing solicitude and generosity of the Municipal Council of Paris and of the General Council of the Seine. The wonderful efforts made in this direction are admirably depicted in M. Joltrain's book, which should form a part of every hygienist's library, and serve as a guide to every councilman truly interested in the welfare of those who have intrusted it in his hands.

A perusal of this book soon shows that it is more than a mere descriptive work; in fact, it embraces all the elements entering into the formation of a complete work on hygiene, and the only wonder is that the author was at all able to include so much in so little space. Among the subjects treated the following may be mentioned: Slaughter-houses; insane asylums; municipal ambulances; sanitary police of animals; street irrigation; public assistance; street sweeping; house heating; pavements; cemeteries and disposal of the dead; sewers; municipal regulations regarding the construction of residences, streets, and roads; municipal regulations regarding cholera and diphtheria; depots of drainage and manure; disinfection of contaminated localities in the city and suburbs; disinfection of vehicles for the transportation of the sick; dispensaries; house-drainage; water-supply; protection of infancy; supervision of working minors; inspection of foods; hospitals; inspection service of all public places, mills, shops, markets; night medical service; night pharmaceutical service, etc., etc. All the above, placed in the sequence corresponding with that of the index, and, therefore, irregularly arranged, show, nevertheless, the amount of work bestowed upon Paris by her authorities. The perfection of the results attained may be witnessed by a visit to the sewers, wherein the daintiest little Miss can go boating and walking without fear of offensive odors or soiled walls. The disinfection system was described in our May issue (original article on typhus fever), and the rapidity with which the work was done during the slight epidemic of typhus was graphically described by our accomplished associate, Dr. P. de Pietra Santa. If there is anything that Americans can be ashamed of concerning their own country, it is surely the laxity of municipal authorities regarding any of the elements calculated to make the people under their care enjoy life as long as possible. The streets of New York and Philadelphia are instances of this. Many councilmen will save their souls by purchasing this book and enforcing execution of its precepts.

LITERATURE FOR THE "ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES" AND THE "UNIVERSAL MEDICAL JOURNAL."

ENGLISH LANGUAGE.—*Books, monographs, theses, etc.*, written in the English language on any of the subjects enumerated in the first column should be sent (post-paid) to the editor whose name and address are given on the same line in the fourth column.—*Books treating of several subjects*, text-books, etc., should be sent to the central department, 28 RUE DE MADRID, PARIS, FRANCE, in order that their several parts may be separated and distributed.

A postal-card, notifying the editor-in-chief, Dr. Sajous, at the above address, that a book or pamphlet has been sent as directed above, will insure the mention of title and author in the Journal.——In the case of *works placed on sale*, the contents of the title-page, including name of publisher and price, should be given. The appearance of the work will at once be announced, under the caption NEW BOOKS RECEIVED, to all Annual and Journal subscribers.——If a *review* of the work is desired, a duplicate copy should be sent to the editor-in-chief.

LANGUE FRANÇAISE.—Tous *livres, thèses, monographies, etc.*, écrits en Français sur un des sujets énumérés dans la seconde colonne, doivent être envoyés (affranchis) au rédacteur dont le nom et l'adresse figurent à la même ligne dans la quatrième colonne.—*Les ouvrages traitant plusieurs sujets* doivent être envoyés à la rédaction centrale, 28 RUE DE MADRID, PARIS, FRANCE, afin que les différents chapitres soient séparés et repartis parmi les rédacteurs.

Une carte postale avisant le rédacteur-en-chef, le Dr. Sajous, à l'adresse ci-dessus, de l'envoi à un des rédacteurs d'un ouvrage quelconque en assurera la mention dans les colonnes du Journal.——Quand il s'agira *d'ouvrages mis en vente*, le contenu de la page titre, *etc.*, y compris le nom de l'éditeur et le prix, devront être mentionnés. Le travail sera immédiatement annoncé, sous la rubrique PUBLICATIONS NOUVELLES REÇUES, à tous les abonnés de l'ANNUAL et du JOURNAL.——Si une *analyse* de l'ouvrage est désirée, un second exemplaire devra être envoyé au rédacteur-en-chef.

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☞ *All Original Articles, Corresponding Editors' Reports, and all Communications to the Editor to be sent to Dr. Sajous.*

REVIEWS OF THE ANNUAL.

(From MEDICAL PRESS AND CIRCULAR of June 21, 1893.)

ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES: A Yearly Report of the Progress of the General Sanitary Sciences throughout the World. Edited by CHARLES E. SAJOUS, M.D., and Seventy Associate Editors. Illustrated with Chromo-lithographs, Engravings, and Maps. The F. A. Davis Company, Publishers, Philadelphia, New York, Chicago, and London. 1892.

This work consists of five royal octavo volumes, well bound, and printed in large, clear type, on good paper. Each volume contains an index of its contents, and besides this the fifth volume has an index of the entire work. This fifth year of publication finds the ANNUAL an established favorite with the medical profession, and it has won that enviable position by the untiring care that has been bestowed on its production from the first number to the present one. This edition contains a summary of the more important articles of 2166 journals, books, monographs, and so forth, published during the year. This immense mass of material is divided into 68 sections, each section being edited by one or more writers who are familiar with the subject of which the section treats.

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The first volume is occupied with diseases of the respiratory, circulatory, and alimentary systems; the second with diseases of the nervous and genito-urinary systems; the third with the surgery of the cranial, thoracic, and abdominal cavities; the fourth with diseases of special organs, microscopy and bacteriology; the fifth with general and experimental therapeutics, hygiene, teratology, anatomy, and physiology.

The work is essentially a practical one, and well suited for general medical practitioners. We would in this connection call attention to the sections on scarlatina and measles, diseases which especially lie within the province of the family doctor. In such diseases, to be familiar with all the recorded complications is often to save and enhance the prescriber's reputation, whereas want of familiarity with them incurs the risk of being superseded by some other physician.

Progress cannot be made in medicine without reading and careful study of cases. The most advantageous reading is that which is selected by competent authorities, and this selection in every branch of medical science is made for the reader by Dr. Sajous and his staff, which includes the best-known specialists in Europe and America. Every civilized country in the world is represented on the staff, and contributions come in almost every written language.

Having the ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES, the physician has secured a carefully-selected, well-arranged, triple index, epitome of the medical literature of the world for the last year. He is provided with a chart of incalculable value, in which are marked the depths and shallows of the art of medicine. He avoids wreckage, and steers for success under the guidance of men who have given proof of their capacity to lead.

☞ The 1893 ANNUAL has been issued, and orders for it can be sent to the publishers, 1914–16 Cherry Street, Philadelphia.

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Original Communications.

NOTES ON THE PATHOLOGY OF PERIODICAL HYPERÆSTHETIC RHINITIS (HAY FEVER) AND ITS TREATMENT BY GLACIAL ACETIC ACID.

By Charles E. Sajous, M.D.,
(of Philadelphia)
PARIS.

The approach of the "hay-fever season" may render this article opportune. Its object is not to discuss the various theories propounded, or the valuable contributions to our knowledge of the affection published within the last twelve years under the influence of Daly's suggestive question "whether we are warranted in believing any case of hay asthma purely a neurosis, without first eliminating the possible causation due to local structural or functional disease in the naso-pharynx,"[1] but to briefly review the conclusions suggested by the experience obtained since I last wrote upon the subject, eight years ago.[2] Additional considerations and the reasons forming the basis of the views herein described will be fully discussed in a series of articles to be published in this journal at some future time.

I would first beg to insist upon the value of local treatment by cauterization, begun within the month preceding the periodical paroxysm or during the latter. Once in a while a writer, in discussing the general subject, casually alludes to the advisability of avoiding active local measures after the annual manifestation has begun; the only conclusion to be reached is, that either the advice is based upon an insufficient number of observations,

[1] Archives of Laryngology, vol. iii, No. 2, April, 1882.
[2] Lectures on Diseases of the Nose and Throat. Philadelphia, 1885.

or that, if deleterious effects of unusual severity were *repeatedly* observed after local treatment during the paroxysm, the cauterizing agent, of whatever nature it might have been, was employed with unnecessary severity. Sufficient emphasis can hardly be laid upon the evil results of this advice, if followed, for it deprives the surgeon of one of the most potent remedial means at his disposal and relegates the patient to the palliative treatment, which in no way offers such promising results. Proof of the force of this view can easily be adduced, not only by a large proportion of my cases, in which the attack was completely checked for the season, but it probably forms the key-note of the success obtained by many well-known operators, such as Daly, of Pittsburgh; Roe, of Rochester; Bosworth, of New York, and others. Whether the relief afforded the patients continued throughout subsequent years to a greater proportion in their cases (taken collectively) than in mine I am unable to say, but the fact remains that in the majority of sufferers so treated the symptoms were completely subdued for the year. Again, considering that the greater proportion of patients apply for relief either within the last few weeks before the onset of the paroxysm or during it, analogy leads me to conclude that in their cases, as well as in mine, the premonitory or the active symptoms had in no way prevented or limited the employment of active local measures. I may venture to assert, in this connection, that had the treatment by cauterization of the nasal mucous membrane been considered by its supporters from the start as calculated solely to arrest the year's paroxysm, not only would it have presented as great a proportion of successes as any method proposed during the century in any branch of surgery, but it would have furnished ample opportunity for unexpected results, *i.e.*, the quite respectable number of permanent recoveries. It is upon this footing that the treatment of hyperæsthetic rhinitis should henceforth be considered, if the pernicious influence of an error early in its career is to be checked before it has time to reduce to naught what could be developed, by judicious and reasonable study, into a boon to sufferers numbering eighty thousand in the United States alone, and a credit to professional perseverance. The last few years have been as noted for the paucity of papers upon the cauterization treatment as they have been fruitful in articles upon the medicinal treatment of paroxysms. This sufficiently shows the decadence into which the local treatment has sunken, and calls for the publication of facts demonstrating that continued neglect of the method would mean a serious loss to science and to the public at large.

In a recent article Greville Macdonald,[1] of London, expresses in a forcible manner his opinion that cases in which no objective disease or malformation of the nasal fossæ exists are the most unsatisfactory to treat, and as a corollary of this that the greater the amount of objective mischief the greater the likelihood of our being able to benefit the patient. This is a truth quite supported by experience, and great is my satisfaction when a case appears in which local examination reveals the presence of either marked hypertrophies (anterior or posterior), ecchondroses, exostoses, mucous polypi, or marked deviation of the septum. These features make a cure almost posi-

[1] The Practitioner, April, 1893.

tive; those not cured are relieved of their suffering for the season at least. These cases do not convey much information, however; for our purpose it will be best to select the worst kind of patient to meet,—the patient whose nose, externally and internally, presents no evidence whatever of congenital malformation or acquired local disease. Again, the most instructive cases in which relief is obtained by local treatment are those treated without the use of any other agent calculated to arrest the paroxysm. Of course, since cocaine has been at our disposal I have cauterized no case without resorting to its pain-saving qualities; but I, fortunately, treated a number of patients by the method advocated in this paper before cocaine was introduced, and these will, therefore, be utilized. The following cases were selected because their nasal cavities presented no objective mischief whatever, and, apart from the tumefaction characteristic of hyperæsthetic rhinitis, were as perfect as could be desired. They will illustrate the relief afforded by treatment instituted after the paroxysm had begun:—

Mr. S., of Philadelphia, was suffering intensely; notwithstanding this, glacial acetic acid was applied to both cavities, eight applications in all being made,—four on each side. A week later he wrote that he had had no trouble since, and that, being a member of a cricket club, he had resumed play in the field without suffering the least inconvenience. He continued his visits, however, until the entire respiratory tract of the anterior cavities had been cauterized. The following year the patient returned stating that the affection had re-appeared on the usual day. One cauterization on each side arrested the paroxysm, and no recurrence took place during the entire season.

Mr. B., of Chicago, applied for treatment five days after the onset of the paroxysm. Having come to Philadelphia expecting that the cauterizations would only require one week, and being obliged to return home at the end of that time, the applications were made every day to each nostril. The attack ceased after the third sitting and did not return, notwithstanding the railway trip, which before had caused intense suffering.

The effect of local cauterizations, when begun shortly *before* the expected period of suffering, may also be illustrated by the following case, also treated before the introduction of cocaine:—

Mr. M., of this city, had been subject to hyperæsthetic rhinitis forty-two years. The intensity of the attacks was so great that, unless he absented himself from the city to spend a season in a region where he enjoyed immunity, he was obliged to remain in a dark room the greater part of the period of suffering. The applications, begun three weeks before the expected attack, were continued twice a week until the 15th of August, the usual date of the onset. No symptoms of hay fever appeared. The patient being desirous of having all the sensitive areas cauterized, this was accomplished in ten more sittings, in the midst of the hay-fever period, without the least manifestation of the disease. Mr. M. at that time finding it necessary to make a trip to the Western States, feared greatly the necessary railroad traveling, which had always, during the pollen season, caused intense suffering. He, nevertheless, undertook the journey, and, notwithstanding the presence of much dust, returned, after having ridden over two thousand miles without having experienced the least manifestation of the disease The treatment, as in the other cases, had been limited to superficial cauterizations, no abnormal condition of the membrane existing other than the hyperæsthesia.

These three cases were not cured; seasonal relief alone was afforded. No cocaine having been used, they had to undergo a certain amount of suffering during the applications, which suffering this valuable local anæsthetic now prevents.

Why cases are but little inclined to submit to annual treatment is quite obvious. To the majority of sufferers the usual procedures are a greater source of fear than the disease, and while the hope of permanent relief supports them through the first year's ordeal, when the following season presents itself, and the symptoms recur in all their glory, discouragement added to the dread of the treatment soon overcomes any momentary notion of again resorting to active measures. Had the cases treated been informed from the start that relief for the season alone could be expected, that the treatment would probably have to be renewed several years in succession if permanent results were to be expected, a small proportion of them would perhaps have again mustered sufficient courage to once more resort to the cautery knife, but by no means all. An important impediment, therefore, presents itself in the way of our progress in the treatment of hyperæsthetic rhinitis, *i.e.*, the apparent severity of the local agent usually employed,—galvano-cautery. To the surgeon sufficient evidence is daily presented by patients regarding the comparative painlessness of galvano-cautery applications if properly utilized; to the patient, the glowing knife, the odor of burnt tissues, and slight pain occasionally, when pressure is exerted, are as many evidences as they need to create quite a horror of the measure, and the exaggerations frequently introduced in their description of the procedure before friends and relatives contribute, in a great measure, to deter other sufferers from resorting to its benefits. An agent devoid of these awe-inspiring peculiarities—one presenting all the benign external appearances of water and requiring but a limited use of instruments, and still possessing the same virtues as galvano-cautery—becomes a desideratum. Glacial acetic acid fulfills these requirements. It has been productive of more lasting effects than those observed after the use of galvano-cautery; and a general review of the results in all cases treated, regardless of the agent employed, shows quite an advantage in its favor over galvano-cautery as regards permanent cures. As previously reported,[1] carbolic acid presented several objections, a not unimportant one being its odor, which furnishes so much information to the patient and makes him rather unpleasant to his surroundings for quite a while after the application. Nitric acid is much too powerful and should not be used, on account of its liability to invade surrounding tissues. Chromic acid is too toxic for applications over broad surfaces; in two of the cases in which it was tried evidences of poisoning showed themselves, *i.e.*, increased temperature, general malaise, and an eruption characterized by blotches with disseminated acne-like elevations, which mainly involved the face, and lasting but a day.

After using glacial acetic acid for about two years[2] I abandoned it, because it had to be applied over an extensive surface and gave rise to severe

[1] Hay Fever and its Successful Treatment, etc. Philadelphia, 1885, p. 81.
[2] "Notes on Hay Fever," Medical and Surgical Reporter, December 22, 1883.

pain; this being, as stated, before cocaine was introduced. Galvano-cautery, on this account, served a much better purpose, being comparatively painless if properly used, and, although the surface covered at each sitting was much narrower, I depended for compensation upon the greater depth of tissue supposed to be destroyed by the cautery knife. This compensation was afterward found to be but ephemeral, however. In order to fully convey my meaning and before going farther it becomes necessary to present an outline of the pathology of the disorder as I now view it, interspersing the account with a description of the histological changes brought about by the cauterizing agents under discussion.

The mucous membrane being the area through which the weakened centres become influenced by the irritant local treatment becomes the element of obturation, the medium through which all connection between the external world—the habitat of the multitudinous irritants—and the central vulnerable nerve-centre becomes closed. In order to secure this, it is necessary that all parts of the anterior nasal cavities *impinged upon by the respiratory current* should be rendered *asensitive*, and that the most superficial stratum of the mucous membrane of this region—*the ciliated columnar epithelium containing the sensory nerve-endinys of the trigeminus—be sufficiently altered in its histological elements to arrest its excito-motor physiological functions and the prehensile retentive powers of the ciliæ.* This statement furnishes an explanation of the processes through which a paroxysm may be prevented for one season and occur the next, and of the superior value over galvano-cautery of glacial acetic acid for this purpose. The vibratile movement of the ciliæ, as is well known, is stimulated by alkaline solutions and arrested by acid ones, while mucus, or its denser element, *mucosine*, formed by the process of desquamation, is coagulable by acetic acid, but *not by heat.* The marked affinity of glacial acetic acid for epithelial cells is therefore an established fact; so that it possesses every quality calculated to annul, for the time being, the local physiological functions. By causing an *organic alteration by coagulation* of the entire epithelial layer it paralyzes or destroys the terminal filaments furnishing the parts with sensation, and, of course, by disorganizing the ciliæ, annuls their power of retaining in their meshes the irritating elements which induce the paroxysm. Galvano-cautery produces the same *superficial* action, but does not affect the deeper portions of the epithelial layer unless pressure is exerted. In that case the area cauterized at each sitting has to be much narrower than when glacial acetic acid is used, and even then the resiliency of the membrane usually causes it to recede before the knife, while the surrounding parts pour out a quantity of mucus, which tends greatly to reduce the heat and to annul its power of penetration. This causes the cauterization often to be but partial. With glacial acetic acid no pressure need be exerted; chemical disorganization taking place at once through its affinity for epithelial cells, the deeper ones yield as readily as the superficial.

The epithelium of the mucous membranes is being destroyed and replaced throughout life, sometimes very rapidly, as in catarrhal affections. In its reproduction it is always derived from pre-existing epithelium by

simple division of cells, the evolution taking place from depth to surface. When, however, the surface becomes in any way disorganized, and an ulcerative process occurs as a result, the reproduction takes place from the side, the new epithelium spreading from the edge of the ulcer.[1] We have in this an explanation of the conditions permitting a return of the paroxysm the year following a season of even complete prophylaxis by local treatment. It also explains the superior results obtained with glacial acetic acid. As soon as the inflammatory disorder (in itself a protective) following the applications recedes, the reproduction of epithelial cells begins, and continues until the membrane re-assumes its former state. The less perfect disorganization produced by the galvano-cautery knife naturally facilitates this process, and the chances of affording relief for the season are not so great with it as when glacial acetic acid is employed. The ten months intervening between seasons, however, are amply sufficient to permit complete restoration of the mucous membrane, whatever caustic may have been employed.

Why are certain cases permanently cured and others not? *When a case of hyperæsthetic rhinitis is cured, it is because the central disorder in that case is the result of a nasal affection.* The local treatment, by removing the continued peripheral irritation, does away with the cause of the central *adynamia;* the nerve-centres, freed from this influence, gradually assume the normal state. When the central adynamia is due to a disorder located in another part of the organism, *the chances of cure of the hyperæsthetic rhinitis correspond with the chances of cure of the causative disorder.* If the latter is incurable, or the inherited dyscrasia present cannot be counteracted, the paroxysms cannot be prevented without annual cauterizations. This annual prophylactic treatment, however, by gradually lowering the sensory status of the mucous membrane from year to year and giving the central ganglia an opportunity to recuperate a certain amount of physiological strength, while losing the element of habit (of no little importance), may in itself bring about recovery. Since entertaining this view, however, I have had too short a time to verify it according to my satisfaction; but the persistence of a patient, who presented himself three years in succession, enabled me to appreciate the advantage of renewed treatment. The paroxysm appeared to be milder from year to year, and could be arrested with proportionate facility.

As I now view it, *hyperæsthetic rhinitis in its active form is but the result of a sudden cessation of the inhibitory functions of the nerve-centres presiding over the physiological processes of the upper respiratory tract.*

These nerve-centres, under the influence of hereditary or acquired disease of an adynamic type, having themselves become adynamic, are able to carry on their functions under ordinary circumstances; but when demand is imposed upon them for inordinate functional activity, they lose all power of control, and give rise to the symptoms observed after section of the spheno-palatine ganglion, or of the cervical sympathetic, as shown by Claude Bernard, most marked of which symptoms is hyperæsthesia.

Concurring with, and as a result of, this central adynamia there exists a

[1] Pathology and Morbid Anatomy. T. Henry Green. Boyd's edition. Philadelphia, 1889, p. 117.

liability of the nasal mucous membrane to become unduly influenced by certain irritants, physical or chemical, or a central susceptibility to the emanations of drugs, plants, animals, or other elements.

When either of these irritants or emanations are subjected by their nature to the laws of periodicity, hyperæsthetic rhinitis manifests itself periodically. If periodicity does not regulate the appearance of the causative elements, the disorder may present itself at any time of the year, whenever the susceptible individual is exposed to the element or elements to which he may be vulnerable.

Habit and psychical impressions, as is usually the case in neurotic disorders of an adynamic type, may play, in an especially sensitive individual, an active part in the production and cessation of the symptoms.

As regards the precise central regions affected we know that the respiratory portion of the nasal mucous membrane is supplied by the inferior nasal branches of the large palatine nerve, which in turn is derived from the spheno-palatine ganglion. The latter, besides its motor and sensory roots, possesses a sympathetic root which is derived from the carotid plexus through the vidian. This forms the link between the nasal membrane and the sympathetic system, establishing an intimate and direct communication between them through the largest of the cranial ganglia. While not overlooking the possible individual involvement of the spheno-palatine ganglion, the fact that ganglia are only considered, at present, as accumulators of nervous force must not be forgotten, and we are, therefore, brought to the consideration of deeper centres, especially the gray substance of the bulb which represents the prolongation of the posterior horn of the spinal cord, as the probable location of greatest vulnerability. The olfactory region through which odors may give rise to a paroxysm, unlike the respiratory area, is covered with non-ciliated epithelium, but the intimate connections between the central sources of nervous supply of both regions readily demonstrate how this form of emanation can act as a peripheral excitant.

The fact that other portions of the respiratory tract furnished entirely or in part with ciliated epithelium—the pharynx, larynx, trachea, and larger bronchi—are not brought into a state of paroxysm as well as the nose, during an attack, tends to support the view that *the presence of asthma as a complication indicates the involvement of a greater central field than that implicated when the nose alone is the seat of paroxysm. This explains the fact that asthma exists in a proportion of the cases only.* While in some of these we may have the nasal and bronchial symptoms begin together through simultaneous invasion by irritants of the nose and lungs, especially if the patient is to any degree a mouth-breather, the lungs can become involved, as is well known, through nervous communication; that is to say, by reflex action. This nervous connection is not difficult to trace. The superior cervical ganglion, from which the branch forming the carotid plexus is derived, is connected with the inferior ganglion of the trunk of the pneumogastric, which involves the whole of the fibres of that nerve with the exception of one, while in the thorax the posterior pulmonary plexus is not only formed by branches of the sympathetic, but also by some from the pneumo-

gastric, and the two, thus combined, follow the ramifications of the air-tubes.

While this reflex cause of asthma in some of the cases in which it occurs simultaneously with the nasal paroxysms is not to be overlooked, I am far from considering it, however, as entitled to the position accorded it by the majority of authors. Were asthma thus induced in all cases, it naturally follows that its presence would become manifest, as soon as tumefaction of the nasal membrane would give rise to pressure upon the sensitive reflex areas, in all cases in which the central adynamia would involve sufficient territory to also expose the bronchial tract. Any observer can testify, on the contrary, that in the very great majority of cases in which asthma exists as a complication it appears sooner or later *after* the onset of the nasal symptoms,—usually two or three weeks. In my opinion, *the lungs in these cases, though exposed by the extent of the central disorder, are protected on account of their anatomical situation, and through the character of the surfaces over which the atmospheric current must pass before reaching them.* The nose is obviously the most exposed portion of the respiratory tract, the first landing-place for irritating particles, where they become moistened and softened, losing asperities and chemical force by dilution. The immediate hyperæsthesia, sneezing, tumefaction of the membrane, and copious flow of fluids, although the result of a complete relaxation of the parts, are, nevertheless, exaggerated normal functions, those constituting the inherent faculties of the parts. They are therefore conservative, and offer, by the occlusion of the nose, the expulsive effort, and the exuberant lubrication, all the mechanical requisites for the protection of parts beyond. If perchance a certain number of irritants pass the anterior portal unmodified, they reach the posterior region of the anterior cavities, where they are brought in contact with probably the most sensitive portion of the nose. Judging by the comparative narrowness of the cavities in this locality, due to the projections from all surrounding parts, the body of the sphenoid above the lobular ends of the inferior and middle turbinated bodies on one side and the projecting edge of the vomer on the other, we have physical conditions calculated to make the parts assume the shape of the narrower portion of a funnel, where the atmospheric current is condensed and strained as much as possible of what irritating elements may have escaped posteriorly. Under these conditions but few irritating particles reach the vault of the pharynx under ordinary circumstances; while the lungs are further protected by the palatal isthmus, the lubrication of the pharyngeal walls and pillars, the laryngeal aperture, partly closed by the epiglottis, and finally the tracheal membrane, usually copiously lubricated. With such citadels to protect them they are practically invulnerable.

The open mouth, however, *when the nose is too tightly occluded by the paroxysmal tumefaction to at all permit respiration through the normal channel, becomes the door-way of the irritant-laden atmosphere, and the asthmatic attacks begin sooner or later, according to the quantity of irritating particles permitted to reach the lungs.* Many conditions may thus play an active part in the production of an attack, most important of which are:

the proportionate amount of irritating matter in the air inhaled; the number of respirations per minute; the number of special irritants to which the patient is physiologically sensitive; the anatomical conformation of the mouth, pharynx, and larynx; the humidity characterizing these parts in the case, etc., etc.,—thus constituting as diverse a series of influencing circumstances as the periods of onset of the bronchial paroxysm are varied. As an evidence of marked value in favor of the protection afforded the lungs by the upper respiratory tract, I may add that increased severity of the asthmatic paroxysm, after seasonal relief or cure of the nasal disorder, is not unusually observed.

Taking the foregoing considerations as regards the pathology of the disorder as a whole, it will be found that the views of the majority of original observers are singularly harmonized. Especially is this the case in connection with the following writers, cited in chronological sequence according to the first paper publised on the subject by each: Bostock,[1 2] Phoebus,[3] Guéneau de Mussy,[4 5] Blackley,[6] Wyman,[7] Beard,[8] Marsh,[9] Daly,[10] Roe,[11 12] Hack,[13] Hertzog,[14] myself,[15 16 17] Harrison Allen,[18] Morell Mackenzie,[19] J. N. Mackenzie[20 21 22 23] (many of whose views are corroborated), Bosworth,[24] and Sir Andrew Clark.[25]

The multiplicity of etiological factors, the involvement of anatomical elements, peripheral and central, playing in the evolution of the disorder rôles of physiological import, varying according to the form and kind of external irritant, and other considerations, lead me to continue the use of the term "hyperæsthetic rhinitis," which I proposed some years ago[26] in preference to those including any particular irritant, such as "hay fever," "rose cold," "peach cold," "rag-weed fever," etc., or even those pointing to a distinct anatomical system or constituent, such as "sympathetic rhinitis," "vasomotor rhinitis," or "vasomotor coryza," etc., which suggest but one

[1] Medico-Chirurgical Transactions, vol. x, 1819.
[2] Medico-Chirurgical Transactions, vol. xii, 1828.
[3] Der typische Frühsommer-Katarrh, etc. Giessen, 1862.
[4] Gazette Hebdomadaire, January 9, 1872.
[5] Cliniques, vol. i, 1874.
[6] Hay Fever. London, 1873, 1880.
[7] Autumnal Catarrh. New York, 1876.
[8] Hay Fever, or Summer Catarrh. New York, 1876.
[9] Transactions Medical Society of New Jersey, 1877.
[10] Archives of Laryngology, vol. iii, No. 2, 1882.
[11] Transactions Medical Society State of New York, February 6, 1883.
[12] New York Medical Journal, May 12 and 19, 1883.
[13] Wiener med. Wochenschrift, No. 14, 1883.
[14] Allgemeine med. Central-Zeitung, October 14, 1883.
[15] Medical and Surgical Reporter, December 22, 1883.
[16] Transactions American Laryngological Association, vol. v, 1884.
[17] Hay Fever and its Successful Treatment by Superficial Organic Alteration of the Nasal Mucous Membrane. Philadelphia. 1885.
[18] American Journal of the Medical Sciences, January, 1884.
[19] Hay Fever. London, 1884.
[20] Transactions American Laryngological Association, vol. v, 1884.
[21] New York Medical Record, July 19, October 18, 1884.
[22] Maryland Medical Journal, April 11, 1885.
[23] Transactions American Laryngological Association, vol. vii, 1896.
[24] New York Medical Journal, April 24, May 1, 1886.
[25] British Medical Journal, June 11, 1887.
[26] Lectures on Diseases of the Nose and Throat. Philadelphia, 1885.

of the more important systems brought into play, and which, for this reason, might be applied to several affections. "Hyperæsthetic rhinitis," it seems to me, points to the apex of the pyramid of elements forming the disorder, the culminating aim of all its phenomena; it only indicates an aberration—"hyper" (ὑπέρ), excessive—of a physiological sense—"æsthesia" (αισθησις), sensibility—truly indicating the existing state of things, *the disorder being in reality a physiological adynamia, and not a disease*, involving, as far as we know, distinct central histological changes. Furthermore, it gives an immediate clue to the most prominent cause of active symptoms, and suggests through this the remedial procedures to be adopted.

In my first paper,[1] and in subsequent writings, I gave an outline of the manner in which glacial acetic acid could be applied. Since then a modification in the procedure has been found to render each sitting much more effective, and therefore to reduce their number, thus overcoming the only objectionable feature of the older method, the introduction of cocaine having relieved it of its pain-giving attribute. Before proceeding to the description of this modification, however, I must lay special stress upon the absolute necessity of a careful examination of the nasal cavities, posterior as well as anterior, for the discovery of any local disorder, hypertrophies, exostoses, ecchondroses, etc., that may be present. These may not only act as the factors of the central adynamia, but also render impossible the thorough application of superficial cauterizations. The complete eradication of any such complication is sometimes sufficient, as already stated, to remove the cause of the central trouble, and, therefore, prevent the paroxysms. To secure the highest possibility of success, however, it is necessary to proceed to superficial cauterizations in every case, whether the nasal cavities be the seat of local disease or not; for the latter may simply be present as a concomitant disorder, the hyperæsthetic rhinitis in that case being the result of a central weakness brought on by disease in another part of the system. Again, the central adynamia may continue some time after the cure of the causative nasal affection; and large areas of ciliated epithelium, if left unmolested, would, of course, increase the chances of an explosion of the paroxysm. If, perchance, the central debility be not due to a nasal affection, the protection thus afforded would become all the more valuable.

The instrument to be utilized for the application of glacial acetic acid should be so constructed as to make it unnecessary to use cotton-wool, which usually absorbs an unknown quantity and adds a degree of bulk, compromising greatly the accuracy of the operation. Again, on being pressed against the mucous membrane, a certain amount of the acid is squeezed out, thus extending the cauterized area beyond the desired limits. The glacial acetic acid applicator, which I described some years ago,[2] has served me advantageously, but the broad portions of the blades should be made somewhat wider and longer (one-fifth of an inch in width and one and one-half inches in length) and the holes in them should be replaced by a shallow, longitudinal depression, thus making each blade resemble an elongated,

[1] Medical and Surgical Reporter, December 22, 1883.
[2] Hay Fever and its Successful Treatment, etc., p. 81. Philadelphia, 1885.

shallow spoon. With this instrument the acid can be applied to any part of either nasal cavity, the two "spoon-probes" in apposition forming it being so arranged that they can be rotated together on their axis, and thus present their acid-covered surface in any direction. The great advantage of this instrument is the precision with which it executes its purpose and the regularity with which the acid may be applied to a given spot. The cauterizing agent being under cover when the blades are introduced and only exposed at the desired moment, the surrounding and opposite tissues are not involuntarily cauterized. The facts that the olfactory area joins the respiratory area half-way down the middle turbinated body, and that while the former must be carefully respected the latter must be cauterized, make precision a very desirable quality.[1] A much more imperfect instrument may be made with a piece of German-silver wire eight inches in length and one-tenth of an inch in diameter. One and a half inches of one of the ends, after being bent slightly, is then hammered out until the flattened surface becomes one-fifth of an inch wide. A rat-tail file may then be used to give each surface a groove, thus forming on each side the shallow spoon described above.

The mucous membrane having been thoroughly anæsthetized with a 10-per-cent. solution of cocaine, the cavity to be operated upon is then brought into view by means of a properly-constructed nasal dilator and clearly illuminated. The applicator is then dipped into the acid and *left there* while, with an absorbent-cotton-tipped probe, the cavity to be operated upon is quickly dried as much as possible. This probe is then dropped and the acid applicator is quickly taken out of the acid, the surface to come in contact with parts of the cavity not to be cauterized wiped off (with the better instrument, the acid being entirely covered, this may be done instantly), and the acid-covered surface is applied to the membrane and allowed to remain a couple of seconds. The fumes of the acid are sometimes unpleasant to the patient; this may be avoided by telling him to take a deep breath just before the application and to empty his lungs through his nose while the instrument is in contact with the mucous surfaces. The application is hardly felt, and in no way intimidates the sufferer.

I have made no allusion to the sensitive spots because experience has taught me that they are not reliable guides, and that surfaces not especially hyperæsthetic may act as exciting centres. Furthermore, the application of a probe in no way produces the same local effect as an irritant. It holds the ciliæ of the epithelium motionless, and by the pressure exerted depletes the spots touched of a quantity of blood, and so modifies the local status. In order to afford adequate protection the entire respiratory area must be cauterized, this varying to a great degree according to the conformation of the cavities treated. The middle turbinated is much lower in some individuals than in others; in these but the lower edge comes in contact with the atmospheric current, and need be cauterized. In others it extends much farther down, and the lower third is fully exposed and requires applications. I have never found it necessary to cauterize higher

[1] The F. A. Yarnall Co., 1012 Walnut Street, Philadelphia, have the model of the instrument.

than this in any case; indeed, it had better be avoided, owing to the fact that the anatomical connections of the middle turbinated body make it much more liable to secondary complications than the lower one, or the corresponding parts of the septum. The applications should first protect the most exposed surfaces, the anterior portion of the middle turbinate, than the part of the septum opposite, etc., the judgment of the surgeon in this being utilized in each individual case. To study out the course of the air-current in each case, and to bear in mind the fact that the removal of hypertrophies, polypi, exostoses, ecchondroses, etc., may quite modify its course, that the recess forming the angle underlying the bridge of the nose (about one inch above the nostrils), the posterior limits of the anterior cavities, the septum, the floor, etc., must not be overlooked, need hardly be mentioned. By alternating sides, the patient is insured more comfort in case marked local reaction should follow the applications; but it is usually best to cauterize both sides, the slight discomfort sometimes following the applications in no way corresponding with the suffering caused by the disorder which they are calculated to arrest. The first cauterization sometimes checks the paroxysm on the side touched, while the other side continues to give rise to the usual symptoms. The best method is to touch but one side the first time, and to guide future sittings by the results noted. A different spot being touched each time, the applications may be renewed every other day, going over the parts already cauterized two or three times, to thoroughly penetrate the different strata of epithelium. If parts beneath the latter be reached the results will be all the more marked, and the third application usually accomplishes this purpose. The active result obtained by this deep penetration is to delay or possibly prevent the renewal of ciliated epithelium. The time taken up by the cauterization of successive spots gives them time to partly undergo the process of resolution by the time they are again reached. Being on that account covered with a whitish muco-purulent coagulum, this should be carefully washed off by means of an alkaline saturated solution of bicarbonate of sodium spray before another application is made, the latter being conducted precisely as before. All applications should be followed by a spray of the following mixture, used freely also by the patient during the interval between visits, after clearing of the nose:—

℞ Camphor,
Thymol,
Oil of almonds.—M.

This keeps the parts aseptic, protects them against the intrusion of extraneous particles, and greatly hastens resolution.

The period of ten months intervening between attacks should be taken advantage of to seek for the source of the central adynamia in case the nose should not have required, through the presence of objective disorder, active preliminary treatment. Not an organ, system, fluid, or secretion or unusual personal habit should be overlooked.

To the many etiological disorders already noted by observers I would add one which, although playing an important rôle in many cases. has so far

been overlooked. Close examination will often reveal a history of rickets and its secondary nervous phenomena affecting the patient, his ancestry, his near relatives, or his children,—a subject furnishing much food for thought, and suggesting phosphorus and its preparations and active physical exercise as important elements in the treatment of the disorder in a correspondingly large proportion of cases. The presence of cardiac disease in two marked cases of hyperæsthetic rhinitis, father and son,—the only members of a large family suffering from either affection,—also suggested a possible relation between the causative inhibitory disturbances of the upper respiratory tract and those of the heart,—a point also worth investigating.

If the condition of the nasal cavities should have rendered preliminary local treatment necessary, a tonic treatment is advantageous to enable the central debility to disappear with greater rapidity, and thus shield the patient completely for the next season.

While arguing that treatment during a paroxysm may perfectly be carried out, I by no means wish to infer that it is the better plan. In my opinion, two or three weeks before the expected onset of the disorder is the most favorable period to begin treatment. As an example, I will cite another case presenting the most disadvantageous state of things—perfect nasal cavities—and treated under disadvantageous circumstances, *i.e.*, without the assistance of cocaine:—

Miss M. had suffered intensely from hyperæsthetic rhinitis since her childhood, the accesses appearing regularly each year. The applications were begun four weeks before the usual onset of her trouble and continued until then. The disorder not only did not appear, but willful exposure in a field of clover, the most active irritant in her case, failed to bring on a paroxysm. To show the effect of the local applications, it might be stated that pruritus of the inner canthi continued for awhile, indicating the presence of the central trouble. The paroxysms had not returned during eight successive years, when I last heard of her.

This article bearing mainly upon active measures, a review of the palliatives indicated during a paroxysm is hardly in order. I will limit myself, therefore, to the mention of the course I would now utilize, referring the reader to the many excellent works on the subject at present at his disposal. The patient can be kept quite comfortable by means of the following method, which, while affording him the marked beneficial effect of cocaine, involves the use of such a small quantity of this drug, and that so rarely, that all deleterious effects are avoided. The object is first to counteract the tumefaction and, this once accomplished, to maintain the effect while protecting the membrane against the effects of the atmosphere and its contents, *i.e.*, its irritating elements. The physician can easily bring about the contraction of the engorged tissues by means of a solution of cocaine varying in strength from 4 to 10 per cent., according to the quality of the drug he may have at his disposal. Menthol, owing to its power in the same direction, admirably fulfills the second object, while almond-oil serves quite satisfactorily for the third. I greatly prefer the vegetable oils in all applications of the nose when such a fluid is required as an adjuvant, having observed that mineral oils when so utilized cause, after

a few days' use, an objectionable sensation of heat over the parts treated. The physician alone uses the cocaine to contract the membrane and to induce patency of the passages. As soon as this is accomplished—it usually takes two or three minutes—a 10-per-cent. solution of menthol in almond-oil is freely sprayed into the cavities. The patient is then told to repeat the menthol-solution application ten or twelve times during the day, according to the degree of exposure to which he may be subjected. An application of cocaine every other day by the physician is usually sufficient to keep the nose in order.

Internally, atropia—gr. $\frac{1}{200}$ every four hours the first day, then every six hours, if at all required—may be administered with advantage. If the patient does not object to wine, a wineglassful of Mariani coca-wine acts as a powerful nerve-tonic. The eyes sometimes cause considerable suffering; a 1-per-cent. solution of cocaine, preceded by cold douching of the closed lids, affords great relief. Physical exercise in-doors contributes materially to keep the nasal cavities patent by stimulating peripheral circulation.

If asthma complicate the case, the following formula may again be recommended:—

℞ Iodide of potassium, ... ʒij.
Dissolved in
Water, ... ℥ij.
Tinct. of belladonna (15 per cent.), ... ♏ss.
Syrup of orange-peel, ... ʒss.
M. Sig.: One teaspoonful every two hours until cessation of the dyspnœa.

Counter-irritation over the liver by means of a mustard plaster assists in arresting the paroxysm and in prolonging the period of relief.

Selections from Reports of Members of the Annual's Editorial Staff.

France.

PROF. WILSON ET LE DR. ESHNER,
RÉDACTEURS DU DÉPARTEMENT DES FIÈVRES.

Tous livres, thèses, monographies, etc., sur les sujets ci-dessus, publiés en langue française, doivent être adressés à M. le

PROF. J. C. WILSON,
1437 Walnut St.,
Philadelphia, U. S. A.

Typhus Fever.—LANCEREAUX reports the results of observations upon ten cases of typhus fever. Of this number two died, the autopsy, conducted with great care, revealing only congestion at the base of the lungs; heart, liver, pancreas, kidneys, brain, and digestive tract presented no abnormality; the spleen was enlarged in the one, but unchanged in size in the other. Cultures from the enlarged spleen yielded only negative results. All of the cases were characterized by turgescence of the face and conjunctiva and by lachrymation. The eruption occupied the trunk and the extremities, exceptionally the face; it was most marked upon the abdomen and in the groins. It appeared in the form of papules, varying in size from a pin-point to the papule of rubeola, and occasioned a marbled appearance. Some of the papules appeared dull and were of wine color; others were bright and of a rose color, but none disappeared upon pressure. The eruption generally disappeared at the end of eight or ten days. The temperature of the patients varied from 40.6° C. (105.2° F.) and 38.8° C. (102° F.); the difference between night and morning was quite considerable. The pulse was feeble, frequent, rarely dicrotic, beating between 96 and 130. Respiration was accelerated and laborious, the voice was rough and faint, and signs of bronchitis were present. The tongue was coated and dry and sometimes fissured. The abdomen was relaxed and not painful. There was no vomiting, but there was diarrhœa, the stools being greenish in color and containing mucus. The urine was acid, scanty, turbid, and pale, and upon standing deposited mucus and urates. The proportion of urea present was diminished, varying from 11 to 20 grammes. The proportion of phosphoric acid varied from 1.50 grammes to 2.60 grammes; that of chlorides from 4 to 8 grammes. The urine contained from 0.20 to 0.45 gramme of albumen in twenty-four hours. The blood, examined spectroscopically, presented no abnormality. The symptoms referable to the nervous system were profound. There were great depression of the vital forces, extreme prostration, muscular tremor, delirium or coma, insomnia, rectal and vesical incontinence, fixed eyes, contracted pupils, articular pains, and cutaneous hyperæsthesia. There were, additionally, impairment of hearing and epistaxis. Defervescence occurred on about the fifteenth day, and was followed by convalescence. In the line of treatment a constant

After exposing in detail the results of grafting the pancreas, Minkowski considers the question as to whether the function, the suppression of which causes diabetes, resides in the pancreas. He answers this question in the affirmative, and observes, in addition, that after extirpation of the pancreas the quantity of sugar excreted, in proportion to that of urea, does not correspond to the quantity which, theoretically, should be produced at the expense of the albumen, and which is 113 grammes of sugar per 100 grammes of albumen destroyed. In phloridzin diabetes the quantity of sugar, in proportion to the nitrogen, corresponds precisely, according to theory. It is possible, therefore, that a considerable part of the sugar produced is consumed in pancreatic diabetes; but, on the other hand, it is possible that in this diabetes the quantity of sugar produced at the expense of a given quantity of albumen is less than in phloridzin diabetes. As regards the various kinds of sugar introduced into the organism of a diabetic dog, the experiences of the author show that levulose is utilized to a great extent, a small portion being transformed into grape-sugar and eliminated by the urine,—yet, if given in large quantities, it passes into the urine without modification; that, after the ingestion of cane-sugar, neither cane-sugar nor levulose is found in the urine; and that the excessive excretion of glucose corresponds, as the theory requires, to the half of the cane-sugar ingested; finally, as to sugar of milk, after its ingestion by a diabetic dog, it does not pass into the urine, and the quantity of glucose excreted is increased.

It is known that the glycogen in the liver diminishes in the animal deprived of the pancreas. Minkowski shows that the ingestion of levulose polarizing to the left, by such an animal, produces in the liver glycogen polarizing to the right. This process, in the normal organism, is already understood; but what is curious is, that the ingestion of dextrose by a diabetic dog is not followed by the formation of glycogen in the liver.

Relative to the cause of diabetes in the dog deprived of the pancreas, Minkowski, after reproducing the argument already advanced to destroy the hypothesis of an accumulation of a toxic substance in the blood, admits that a simple increase in the production of sugar does not explain diabetes, and that the pancreas in the normal state has a special function in relation to the destruction of sugar. But he thinks that the glycolytic ferment of Lépine may be disproven; besides, he is not able to advance in its place any other plausible hypothesis. In an appendix, Minkowski insists (1) upon the difficulty of explaining the exaggerated catabolism of hydrogen in dogs deprived of the pancreas; (2) upon the excretion of acetone, diacetic acid, and oxybutyric acid; (3) upon the augmentation of glycogen in the blood; (4) upon the lactic acid in the muscles; (5) upon the influence of morbid conditions upon the glycosuria; and (6) upon the negative action of jambul in such animals.—*Archiv für experimentele Pathologie*, vol. xxxi, p. 85, 1893.

Etiology of Pancreatic Diabetes.—FREYHAHN publishes two new cases of pancreatic diabetes, the first in a much emaciated man of 39 years. At autopsy the pancreas weighed 30 grammes (1 ounce) and the glandular

tissue was almost entirely replaced by fat. The pancreatic canal showed considerable sacciform dilatation, and was obstructed by calculi of varying dimensions, consisting almost exclusively of carbonate of lime. In the second case—a marasmic woman—the quantity of sugar had altogether disappeared. At the autopsy, instead of the pancreas was found a mass of fat and connective tissue, except in the region of the head, in which there were a few glandular lobules. In the pancreatic canal there was a concretion the size of a plum, formed about a hard nucleus, and consisting of carbonate of lime, with an external soft layer partly composed of cholesterin.—*Berliner klinische Wochenschrift*, No. 6, 1893.

Proliferation and Œdematous Tumefaction of the Iris in Diabetes.—KAMOCKI, in examining histologically three eyes and the flaps of the iris taken from diabetic patients who had undergone operation for cataract, invariably found a proliferation and œdematous tumefaction of the pigmentary layer of the iris. He considers these lesions as pathognomonic of diabetes, no other alteration being constantly met with in subjects of this disease.—*Archiv für Augenheilkunde*, vol. xxv, p. 209.

Great Britain.

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Hæmorrhage from Adenoid Vegetations of the Naso-Pharynx.—H. DRINKWATER, of Wrexham, reports the case of a boy, aged 10 years, to whom he was called for hæmatemesis. The blood was, according to the mother, neither coughed up nor vomited. She stated that the child would suddenly rise up in bed and empty his mouth of blood. The author once witnessed the loss of about eight ounces in this manner. For several days he failed to discover the source, the lungs and stomach being healthy. After about ten days the hæmorrhage ceased. A fortnight afterward, however, it recurred, and, arriving while the child was asleep, he observed that he was breathing by the mouth. This led him to suspect adenoid vegetations, and, passing his finger behind the soft palate, the naso-pharynx was found full of these growths. He scraped the neoplasms away with the finger-nail, and no hæmorrhage has recurred since.—*British Medical Journal*, June 24, 1893.

(In a case of post-nasal epistaxis, the editor of this department was able, by means of the rhinoscope, to locate the bleedig-spot at the centre of the vault, forming an area covered with blood about one-fourth of an inch in diameter.)

Prognosis of Hay Fever.—GREVILLE MACDONALD, of London, considers cases in which no objective disease or malformation of the nasal fossæ exists as the most unsatisfactory to treat, and as a corollary of this that the greater the amount of objective mischief the greater the likelihood of our

being able to benefit the patient. A highly favorable condition to find is some form or other of obstruction to the passage of the inspired air through the inferior meatus, *i.e.*, ecchondroses and exostoses of the septum, whereby the current is compelled to ascend into the more sensitive middle meatus. Operative procedures for their removal should only be resorted to, however, when they are responsible for symptoms requiring relief. Hypertrophies of the inferior turbinated body, whether anterior, middle, or posterior, are about equal as far as their importance in prognosis is concerned, which to a great degree depends upon the thoroughness with which they have been removed. Septal hypertrophies, smooth and boggy swellings over the anterior and upper portions, opposite to and in front of the anterior extremity of the middle turbinated body, offer smaller opportunities for satisfactory results, although the acute hyperæsthesia characterizing them is markedly reduced by galvano-cautery or other destructive agents. Still less satisfactory are the vascular tumefactions of the inferior turbinated body, to be clearly differentiated from true hypertrophy.

The author considers himself bound to admit that, by carefully selecting cases fit for operative procedures, the treatment of hay fever must be considered as highly satisfactory. Although but few cases are absolutely cured, the difference between being either a prisoner or an exile for six or eight weeks every year and having the symptoms reduced to no more than sneezing a few times while driving along a hot and dusty road is sufficiently striking to make most sufferers willing to undergo treatment which can do no harm and may do immense good.—*The Practitioner*, April, 1893.

Great Britain.

PROF. WILSON AND DR. ESHNER,

EDITORS OF THE DEPARTMENT OF FEVERS.

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Complications of Typhoid Fever.—SYMES, of Dublin, has reported a case of enteric fever in a married woman, who was a cook in a large house in which the sanitary arrangements were markedly deficient, the soil-pipes passing to the main drain through the kitchen and dairy, the former close to the fire and the latter beside the milk-pails. The pipes were not ventilated and sewer-gas also leaked into the house through the sinks, from which the escapes directly entered the down-soil pipes. The woman suffered with "sick-headache" and diarrhœa for a week before taking to bed. The fever was of malignant type and attended with low adynamic symptoms. For ten days there was incontinence and for three days delirium. The diarrhœa was not excessive, but the stools were extremely offensive. The most troublesome symptoms were headache, sleeplessness, and restlessness, which were efficiently relieved by freely leeching the temples. On the eighteenth day there was slight hæmorrhage from the bowels. On the twenty-seventh day symptoms suggestive of the onset of pericarditis or endocarditis appeared, although no friction-sound or murmur could be detected.

The question of perforation was also considered, but an absolute diagnosis was scarcely possible. In the course of the next few days phlebitis developed in both lower extremities, and chills occurred on several occasions. On the fifty-first day a fresh crop of rose spots appeared. From the fifty-fourth day the fever gradually subsided by lysis. From the sixty-first to the ninety-second day a state of oliguria existed, the average amount of urine excreted daily being a little more than ten ounces and the average specific gravity about 1026. Albumen was found present on the sixty-third, seventy-third, seventy-fourth, seventy-fifth, and eighty-third days; hyaline, oily, and granular tube-casts on the seventy-eighth day; anasarca appeared on the sixty-seventh day. On the seventy-fifth and seventy-sixth days, the stools, washed and examined, were found to be composed almost entirely of shreds of intestinal epithelium, which floated on water. On the seventy-eighth day there was some hæmoptysis proceeding from the apex of the right lung and recurring on the eighty-third day. Ultimately, after an illness of nearly three months, convalescence set in.—*Dublin Journal of the Medical Sciences*, April, 1893.

Absence of Pyrexia in Typhoid Fever.—DRESCHFELD, of Manchester, Eng., has reported four cases presenting symptoms and physical signs of enteric fever, but without elevation of temperature. One of the cases terminated fatally, but there is no record of post-mortem examination. In another case it is thought that perforation of the bowel took place.—*The Practitioner*, April, 1893.

Sequelæ of Influenza.—STEVENSON, of Penrith, has reported the case of a woman, 57 years old, who, while doing fairly well during convalescence from a mild attack of influenza, was seized with severe abdominal pain, referred especially to the hypochondriac, epigastric, and umbilical regions. To this there were added tenderness, vomiting, and looseness of the bowels. After the lapse of a week it was noticed that the right pulse was much more feeble than the left, and the patient stated that for two days the right arm had been slightly numb. The arm gradually became cold, painful, and apparently bloodless as far as the elbow. Finally no pulse could be felt below the axilla; the forearm and arm were cold and somewhat shriveled and the hand livid; sensibility was abolished below a line one inch above the wrist. At this time the pain in the abdomen was less decided and the tenderness was confined to the left iliac region. There was regurgitation from the stomach, but no actual vomiting. A copious loose stool was passed, in which were some specks of blood and shreds of mucus. The symptoms grew progressively worse and death finally ensued. At the post-mortem examination the abdomen was found to contain a small quantity of black, blood-stained fluid; the jejunum and a portion of the ileum were black and gangrenous; some of the affected coils were bound by adhesions; the mesentery was swollen and œdematous. Investigation showed that that portion of the small intestine supplied by the intestinal branches of the superior mesenteric artery was almost entirely gangrenous, while the nutrition of the bowel supplied by the other branches of the same artery was more or less

impaired. Most of the intestinal veins of the affected area contained dark clots, while what was believed to be a thrombus was found in at least one of the small mesenteric arteries. No thrombus was found in the superior mesenteric artery itself, but on dissecting the vessel to its origin the first part of the artery and a considerable portion of the abdominal aorta immediately surrounding the origin of the superior mesenteric artery were in a state of advanced calcareous and atheromatous degeneration. The lumen of the superior mesenteric artery was much lessened by this condition. The right brachial artery was entirely occluded by a thrombus. The heart was flabby, the aorta slightly atheromatous. The innominate artery was healthy, as was also the occluded brachial artery.—London *Lancet*, January 21, 1893.

Sequelæ of Variola.—HULKE has reported the case of a well-grown, healthy-looking girl of 18, whose face was slightly marked by scars of variola, and whose entire right thigh, and particularly the upper half, was obviously enlarged. The swelling was greatest in the upper part of the adductor region, where it became quite conspicuous when the strongly-abducted thigh rested on its outer side upon the bed. Over this prominent part the skin was beset with numerous little eminences of peculiar appearance. Some were broadly sessile, and ranged in size from that of a pin-head to that of a No. 6 shot. A few were larger, attaining a diameter of five millimetres; these were minutely nodular, as though formed by the aggregation and blending of several of the smaller eminences. All of these nodules had a slightly translucent aspect; to the touch they seemed solid, but when pricked there exuded a small drop of colorless liquid. Scattered amongst these, and in about equal number, were other bodies, flaccid and shriveled, projecting more from the general surface, and having a length of from three to five millimetres and a basal diameter of from one to two millimetres. At the free extremity of a few of these a minute stigma was just discernible with the unaided eye, but still better seen with the aid of a magnifying glass, apparently marking the spot where a rupture had occurred. The lymphatic glands in both groins were slightly enlarged, those in the right groin seeming to be the larger. The enlargement of the thigh appeared to be due to the presence of an undue quantity of subcutaneous tissue, which felt less supple and less elastic than that of the left thigh. There was no evidence of œdema. In the upper part of the adductor region was a faint scar, which, it was stated, marked the site of an abscess, and beneath and around this the pellets of subcutaneous fat were somewhat coarser than elsewhere, and less mobile on one another. On inquiry it was learned that, with the exception of an attack of small-pox at the age of 9, the girl had never been ill. She had never been vaccinated, on account of objection on the part of her parents. While recovering from the attack of small-pox, a small abscess formed in the upper part of the right thigh; this ruptured, and in a short time closed spontaneously. Soon afterward the thigh began to swell. The swelling was larger and painful after prolonged standing and after hard work, and diminished and was easy after rest in bed. The little bodies present had been observed for two years. They occasioned inconvenience by "milking,"—bursting and discharging a milk-like fluid. The con-

dition was believed to be one of diffuse radicular lymphangiectasis and lymphoma in the sequence of a lymphatic abscess following an attack of variola.—London *Lancet*, February 11, 1893.

Generalized Vaccinia.—At a meeting of the Clinical Society of Colcott, Fox read notes of two cases of generalized vaccinia. In each instance the case was the only one thus affected of many vaccinated from the same source, and the primary vaccination ran a normal course; on about the ninth day, however, the vaccinated arm became covered with a dense aggregation of supplementary vesicles. These were quickly followed by others, disseminated singly or in twos and threes over the unbroken skin of the scalp, face, trunk (front and back), and limbs. Fresh lesions were evolved for two or three days, and then abortive pustular lesions until the twenty-fifth day in the first case, and until the eighteenth day in the second. Hardly any scarring resulted, and the mucous membranes escaped. Dr. Acland mentioned the case of an infant, 3 months old, vaccinated with humanized lymph, in which the vaccination ran a normal course until the fourteenth day, when the inoculation wounds coalesced and several secondary vesicles formed near the primary wounds, followed shortly by others over the whole body, of diameters ranging from one-half an inch to four inches. These continued to appear for six weeks, when death resulted from exhaustion, The lymph was traced through its whole course from the calf; the patient was the forty-fourth remove, and all of the cases but one had run a normal course. None of the co-vaccinifers had been similarly affected; nor were the children vaccinated from this infant in any way abnormally affected.—*British Medical Journal*, February 18, 1893.

Italy.

PROF. LÉPINE,
REDATORE CORRISPONDENTE PER LE DIABETES.

Si prega di mandare libri, stampe, etc., sul suggetto precendente che vedono la luce in Italia al

PROF. R. LÉPINE,
30, place Bellecour,
Lyon, France.

Diabetic Neuritis.—DE RENZI reports a case of diabetic neuritis in a patient, 38 years of age, suffering from the disease for six years. For three or four years he has had pain along the vertebral column and inferior members, then a growing weakness of the latter and of the left superior member, amounting to a veritable paralysis. Faradic excitability is much diminished, the galvanic being also diminished, and the contraction greatest at the closing of the anode, with diminution of sensibility in all three of the affected members. The quantity of urine was at times 4300 cubic centimetres; specific gravity, 1034; glucose, 120; urea, 42.5; acetone, 0.75 gramme; little albumen. The patient had, besides, symptoms of a pulmonary affection, but without the presence of Koch's bacilli. De Renzi thinks that the pneumococcus in a glycohæmic soil may give rise to pulmonary lesions simulating phthisis.—*Rivista clinica e terapeutica*, February, 1893.

Sweden.

DR. F. EKLUND,
Brefväxlande Medarbetare
för den
SVENSK MEDICINSK
LITTERATUR.

Af alla i Sverge utkommande medicinska tidskrifter, bocker, afhandligar, monographier a. s. v. torde ett exemplar benäget öfversändas till

DR. ABRAHAM
FREDRIK EKLUND,
Sibyllegatan, 3 A,
Stockholm.

Can the Disinfection of Inhabited Rooms by Means of a Solution of Bichloride of Mercury Bring about Dangerous Intoxication?—Since, in the six cases observed by JOHN SJÖGVIST, there has been found only in a single one, among the persons living in rooms disinfected by means of bichloride of mercury, a trace of mercury in the urine, and since in this case the disinfection was not executed in entire conformity with the stipulated regulations, it is, perhaps, permissible to consider that disinfection by bichloride of mercury, carefully executed under the auspices of a competent person, does not bring about any danger of intoxication This method, therefore, provided it fulfills the requirement of effecting complete sterility, merits the confidence of hygienists.—*Communication from the Clinical Laboratory of the Institute. Hygiea*, liv, 10, pp. 351–358, Stockholm, 1892.

Erysipelas of the Pharynx.—After having given a brief account of the symptoms of erysipelas when it is localized in the pharynx, G. BÄÄRNHIELM relates the history of five cases treated in Academical Hospital at Upsal. Two of the five cases were complicated with slight diphtheria and two others died. In three cases the diagnosis was verified by bacteriological examination (streptococcus). The disease was communicated to two female patients by the physician, who was treating another patient having erysipelas; the author therefore emphasizes the fact of the great contagiousness of the disease in question, which is also a very dangerous one, since the prognosis must be considered as very doubtful in all the various forms of this erysipelas. As regards the treatment, Bäärnhielm, following the example of C. Bernabei, advises compresses of ice around the throat and painting with a solution of cocaine.—*Transactions of the Society of Physicians of the University of Upsal*, xxv, 11, pp. 488–500, Upsal, 1892.

Dietetic Treatment During the Last Weeks of Pregnancy as a Means of Facilitating Confinement when there is a Narrow Pelvis.—C. D. JOSEPHSON concisely states his opinion of the dietetic method as follows: Prochswrik's dietetic treatment resulted, it would appear, in retarding the growth of the twelve fœtuses observed by Josephson (without in any way impairing the vital force or the faculty of development) to such a degree that they could easily pass through a very narrow pelvis, the conjugate diameter of the smallest pelvis being eight centimetres. Following the successful result of the cases observed up to the present, it would seem desirable that the method should be made the subject of further experiments, in order to determine when and to what extent this treatment should be resorted to, for the purpose of facilitating parturition when the pelvis is unusually narrow.—*Hygiea*, liv, 9, pp. 211–244, Stockholm, 1892.

On the Artificial Feeding of Infants.—OSCAR MEDIN has endeavored to acquaint himself with the principles carried out in the preparation of the

food in the large orphan asylum in Stockholm. For babies of different ages, four dilutions of sterilized cows' milk were prepared: No. 1,—milk, 1 part; water, 2 parts; sugar, 4 per cent. No. 2,—milk, 1 part; water, 1 part; sugar, 2.6 per cent. No. 3,—milk, 2 parts; water, 1 part; sugar, 2 per cent. No. 3½,—milk, 3 parts; water, 1 part; sugar, 1.87 per cent. The author also refers to the dosages of mixed women's milk prepared in the same institution. While Verneuil and Becquenst found that the azotic substances amounted to about 4 per cent., and that the quantity of sugar was also 4 per cent., Medin states that in the milk of Swedish women the azotic matter only reached 1 per cent, while the proportion of sugar was more than 7 per cent.—*Eina*, xvi, 19, p. 617, 1892.

United States.

PROF. WILSON AND DR. ESHNER,
EDITORS OF THE DEPARTMENT OF FEVERS.

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1437 Walnut St.,
Philadelphia, U. S. A.

Therapeutics of Variola.—PEPPER, of Algiers, calls renewed attention to the utility of cocaine in the treatment of variola. In some instances the disease may be arrested; the disorganization of the blood is generally less rapid and less extensive; the fever is less severe and of shorter duration; the vesico-pustules and the pustules are frequently but incompletely evolved or partially aborted when cocaine has been regularly employed during the second stage of disease; finally, the various visceral congestions and inflammations are less frequent and less intense. One drop of a 4-per-cent. solution may be administered in water, or otherwise, according to taste, four times in twenty-four hours for every year of age; thus, 5 drops to a child of 5, 10 drops to a child of 10, 20 drops to a person of 20, etc. One-half of the dose given is frequently sufficient. The drug may be agreeably given in sweetened pastilles, each containing gr. $\frac{1}{24}$ (0.0025 gramme) of cocaine, with or without a small quantity of pepsin. Cocaine may also be given, at intervals of six or eight hours, in suppositories in doses corresponding to those given by the mouth. The hypodermatic administration is not recommended, except in the incipient stage, when the drug cannot be given by the mouth or the rectum; the dose should be one-fourth of that given by the mouth. Cases of variola display a marked tolerance to cocaine, but the effects of the drug should be carefully watched. This method of treatment does not exclude other therapeutic measures, either general or local; but in many cases in which cocaine is methodically administered no other treatment is required.—*American Journal of the Medical Sciences*, March, 1893.

Sequelæ of Influenza.—SCHELL, of Terre Haute, has reported the case of a man, 61 years old, in whom, two or three weeks after recovery from an attack of influenza, the glands of the neck were observed to enlarge, and soon afterward other glands in various parts of the body became similarly

involved. On examination of the blood, it was found that there were 3,500,000 red corpuscles to the cubic millimetre and about 1 colorless cell to 80 red. There was palpitation of the heart, and hæmic murmurs could be heard on auscultation. The pulse and respiration were accelerated. Headache was frequent, and there was occasional vertigo. The area of splenic percussion-dullness was augmented. Eye-ground and urine presented no abnormality. Death occurred in a short time as a result of pneumonia. No post-mortem examination was made.—*Indiana Medical Journal*, February, 1893.

Therapeutics of Malarial Fever.—WILLIAMS reports 18 cases of malarial fever (12 tertian, 5 quotidian, and 1 irregular) treated in the Boston City Hospital by the intermittent administration of quinine, the temperature and not the chill being taken as a guide. Twenty grains (1.3 grammes) of quinine sulphate were given, when the temperature began to fall. On leaving the hospital the patients were given quinine, to be taken on the seventh, fifteenth, and twenty-second days. It was not necessary to give quinine on the second day, as there was rarely any chill after the first dose had been administered. The intermittent method of administering quinine lessens the risk of the cinchonism that is likely to follow the administration of continuous doses; further, convalescence sets in more rapidly and a smaller amount of quinine is required. In severe forms of malarial fever one should not wait for the intermission or remission. If the stomach be intolerant, high rectal injections may be practiced; if there be urgency, quinine may be given subcutaneously, or even by intra-venous injection.—*Boston Medical and Surgical Journal*, March 9, 1893.

HUMPHREY, of Fairbury, Neb., reports that, in the treatment of fevers at an altitude of from 1000 to 1300 feet or more above sea-level, he treats the febrile condition by means of relaxing and diaphoretic remedies. A favorite prescription contains fluid extract of gelsemium, 1 fluidrachm (4 grammes), and water sufficient to make 4 fluidounces (125 grammes), of which a teaspoonful is given every hour. In some cases aconite is used; in others veratrum viride or belladonna. The room is kept at a temperature calculated to facilitate diaphoresis.—*Medical World*, April, 1893.

Abnormal Symptoms in Typhoid Fever.—LEAHY, of Chicago, has reported the case of a man, 21 years old, in whom, in the third week of an attack of enteric fever, a copious discharge from the bowels took place, followed shortly by mild delirium. Two days afterward hæmorrhage took place from the nose, eyes, and ears, and a day later from the bowels, succeeded by violent delirium, coma, and death.—*Medical Standard*, March, 1893.

Sequelæ of Typhoid Fever.—From a study of the etiologic factors concerned in the development of insanity after enteric fever, BAUDUY, of St. Louis, ascribes a prominent rôle to (1) heredity, by producing an "unstable constitution of nervous equilibrium"; (2) disturbances of the nerve-centres themselves, of which fever is but too often merely an expression or clinical manifestation; (3) anæmia, the direct result or anatomic substratum of the

febrile process, or excessive and prolonged temperature elevation, causing "irritable weakness"; (4) toxic perturbation of nervous nutrition, superinduced by the retention of effete or excrementitious materials, resulting in qualitative blood-changes, with corresponding metabolic and somatic tissue or textural perversions; and (5) microbic invasion of special nerve-centres, preventing their normal physiological functional activity;—all of which lead to the development of a cachectic, anæmic condition of the cortical nerve-centres.—*Medical Fortnightly*, February 15, 1893.

Therapeutics of Typhoid Fever.—DRAKE, of Louisville, reports the successful employment of baptisia tinctoria in the treatment of enteric fever. Ten drops are to be administered every four hours until convalescence is established.—*Northwestern Lancet*, February 1, 1893.

Clinical Notes.

On the Importance of Albuminuria in Bright's Disease.—In a recent issue we alluded to the remarks made on this subject by DIEULAFOY before the Academy of Medicine of Paris. GERMAIN SÉE, in responding to this communication, thus resumes his opinions on the subject:—

1. Albuminuria is seldom permanently and completely absent in the various forms of nephritis. It very often precedes Bright's disease and then temporarily disappears, but it belongs to the history of the disease. In no case should the presence of albumen in the urine be denied, unless it has been examined at different times during the day. For instance, in the night and morning urine albumen is not found in all cases of functional or physiological albuminuria; the same is the case in chronic nephritis, particularly in interstitial nephritis; and it is precisely in the morning that it is customary, in our hospital patients, to analyze the urine.

2. In various forms of nephritis without recognized albuminuria the symptoms described by Dieulafoy under the name of "minor," particularly affections of the hearing, the sensation of "dead finger," frequency of micturition without diuresis or pollakiuria, the sensation of cold or eryæsthesia, are not of special importance, and may be observed in a number of affections of the nervous system independently of Bright's disease.

3. The only truly valuable symptom is œdema of the face or the lower extremities. The occurrence of this dropsy enables one to diagnose at the beginning the presence of latent Bright's disease, if we except the subsiding œdema of the lower members due to affections of the heart.

4. Another symptom, which is supposed to belong particularly to latent nephritis, is hypertension or hyperpressure,—affirmed to be of great value by a number of French and German authorities. However, no one has been able to measure the pressure, and the instruments used for this purpose, especially by de Barh, of Vienna, are absolutely unreliable and of no practical value.

5. The principal or only manner of recognizing the uric origin of the "minor" or true Bright's disease without albuminuria is in examination or researches for the urinary toxicity suggested by Bouchard. The urine which no longer carries the toxic products destined for the expulsion through the urinary apparatus is precisely the most dangerous; it indicates functional impotency of the kidney.

6. Another means of diagnosis lies in the fact that in all nephritic patients a defective absorption of food occurs, and the intestinal secretions eliminate more urea than is normal, which accounts for the fact that urea is found in a much smaller quantity in the urine. There is not only a diminution of the urinary CO_2, but there is a retention of urea in the organs and tissues, which become saturated with albuminous elements of decomposition. There is a third remarkable phenomenon, which is the retarded elimination of the urea. Instead of appearing in the urine several hours after the ingestion of nitrogenous foods, the urea is retained twenty-four hours, forty-eight hours, or three days, and is not entirely eliminated until the end of that time. These are negative types, of the same nature as the alteration of the gastric juice and the chronic forms of precocious or tardy malnutrition in Bright's disease.

7. Gout, the only remaining diathesis, does not give rise to nephritis. We know to-day that the uric acid which is said to be characteristic of gout is not the result of incomplete oxidation of the tissues; it is caused by xanthines or their congeners, among others by nucleines or nucleo-albumines of the white globules, which form uric acid; it is therefore not only an exclusively chemical lesion, but both chemical and trophic. If, then, gout gives rise to Bright's disease, it is by provoking the formation of arterio-sclerosis, which may then attack either the kidney or the heart, causing sclerosis of these organs.

8. The gouty kidney is the sclerotic kidney, and does not present anything particularly special.

9. Chloro-brightism also presents nothing of importance; the symptoms of the "minor" Bright's disease are of no value; they may be explained either by arterial lesions (congenital stricture of the arteries) or by a concomitant cardiac lesion. These minor symptoms can only otherwise be explained by a superposition of chlorosis and true Bright's disease, which makes itself manifest by albuminuria, which is of frequent occurrence in chlorotics, or by œdema of the eyelids or of the feet, which is even more characteristic of this trouble.

10. The milk diet for albuminuria does not diminish the quantity of albumen; the milk has other properties, principally alimentary, through the casein

Highly phosphatic and calcareous milk presents a recently carefully studied and most interesting property, *i.e.*, the action upon it of phosphoric acid, which is perfectly absorbed and is afterward plainly perceptible in the urine; this is to be taken in addition to the milk cure, which is so universal and also so little understood, except as regards the diuretic property of the sugar of milk.

Recent Suggestions in Therapeutics.

AURAL ECZEMA.
Humid type, of external ear and meatus: Solution of *Van Swieten's liquor*, 1 to 4 or 5 of water, as wash; after drying with absorbent cotton, *iodol* insufflations night and morning. Cure about eighth day. Dry type: Same wash; after drying, when eczema limited to concha, apply *iodol*, 1 gramme (15 grains); *lanolin*, 30 grammes (1 ounce); if eczema occupies the meatus the head is leaned over to opposite side, and after washing and drying as above the meatus is filled with following solution: *Iodol*, 1 gramme (15 grs.); *paraffin-oil*, 30 grammes (1 ounce) ear being stopped with a cotton wad to prevent escape of oil. To be carried out night and morning. Cure in two weeks, usually. (Chatellier, *Annales des maladies de l'oreille*, etc., July, 1893.)

CHOREA.
Plain *static bath* of five minutes daily, followed by rapid frictions over body, excepting cephalic region; *static douche* to latter. (R. Verhoogen, *Journal de médecine, de chirurgie et de pharmacologie*, Bruxelles, July 22, 1893.)

CHRONIC BRONCHITIS AND EMPHYSEMA.
Objection to abuse of routine treatment by expectorants and sedatives. Persistence of expectorants in all cases maintains secretion from bronchial mucous membrane, impairing digestion and inducing nausea. Tonics recommended. *Liquor arsenicalis* when congestion subsides. Stimulates epithelial nutrition; stimulates vagus. *Belladonna* and *iodide of potassium* often remarkably efficacious in cases complicated with bronchial spasm. *Nux vomica* and *strychnia* act best in cases of atrophous emphysema where expiration is much prolonged, the heart weak, and flatulent dyspepsia is complained of. For urgent dyspnœa and failing heart, the *liquor ammoniæ* (B. P.), 5 drops in milk at frequent intervals, a most powerful respiratory stimulant. (J. C. Thorowgood, *The Medical Press and Circular*, July 12, 1893.)

DIPHTHERIA.
Therapol,—new ozone preparation (vegetable oil carrying ten volumes per cent. of ozone), applied by swabbing the throat every hour and syringing the nose once in two hours, ½ drachm (2 grammes) being used for each nostril. A blunt-pointed glass syringe, holding about 1 drachm (4 grammes) recommended. Child in recumbent position. Constitutional measures preferred by author *Tr. ferri chloridi*, ʒi to ij (4 to 8 grammes); *glycerin*, ʒiv (16 grammes); *saturated sol. potassii chlor.*, ʒiv (120 grammes). One teaspoonful every one or two hours. Same quantity as gargle, same frequency. As soon as hoarseness appears *calomel fumigations*, 10 grains (0.66 gramme) sublimed every two hours first twenty-four hours, every three hours second twenty-four hours, etc. (Irving S. Haynes, *New York Medical Journal*, July 15, 1893.)

GONORRHŒA.
Injections of *hydrogen peroxide* (Marchand's medicinal) 1 ounce, in distilled water 6 ounces, three times daily. (J. J. Sullivan, *Medical Summary*, July 1893.)

HÆMORRHOIDS.
Preferred method: *ligature plus dilatation of the sphincter*. Prepare patient by bath, recumbent position, and milk diet; *castor-oil* to open bowels and, after full effect obtained, enema to thoroughly clear lower bowel. Next dry thoroughly clean and shave anus, and, under anæsthetic, introduce well-oiled thumb in rectum about one and one-half inches, then the other. Lower portion of rectum comes into view, sometimes protrudes. A plug being placed well into rectum, hæmorrhoids caught and each surrounded by ligature tied firmly. Transfixation of extra large ones and tying in two portions may be necessary. External piles cut away and raw edges stitched together with silk or catgut. Plug removed, rectum washed out, *morphine* and *belladonna suppository* inserted, patient sent to bed and kept there; fifth day *castor-oil* and *enema*; bowels act on sixth; patient gets up on seventh. (A. G. Miller, *Clinical Journal*, July 26, 1893.)

OTORRHŒA.
Highly antiseptic solutions may affect cellular elements and thus do harm. Corrosive sublimate can, however, be used effectively and without danger, by combining as follows: *Corrosive sublimate*, 0.25 gramme (4 grains); *tartaric acid*, 1 gramme (15 grains); *water*, 1 litre (1 quart). Very efficacious in rebellious otorrhœa and in the form due to syphilis. (Polo, *Annales des maladies de l'oreille*, etc., July, 1893.)

PERTUSSIS.
Antipyrin is more efficient than *phenacetin*, *acetanilid*, and similar drugs. Diminishes number of paroxysms; severity also lessened. Six grains (0.4 gramme) a day to infant, gradually increasing dose to 8 grains (0.5 gramme). (L. Emmett Holt, *New York Medical Journal*, July 1, 1893.) *Bromoform*, in doses of 1 or 2 drops, along with a little *alcohol* as a solvent, reduced frequency of paroxysms and their severity, in most cases. Fresh air of importance. (Fruitnight, *ibid.*) *Digitalis* is of value to correct mechanical effects of paroxysms on pulmonic and systemic circulation, which become very irregular. Should be given as soon as facial œdema appears, the first sign of heart-strain, in doses of 1 minim (0.07 gramme) for each year of life up to 3 years, and for older children in proportionate doses. (Henry Koplik, *ibid.*) *Codeine*, 1-12 grain (0.005 gramme) to a child of 2 years every eight hours. Considers opiates safe in young and delicate children if precaution taken to allow sufficient interval to elapse between doses. (J. E. Winters, *ibid.*) *Quinine* in large doses every night or night and morning, and *carbolic acid*, in form of spray and internally, useful in infants. Windows to be kept open all day, even in rainy weather, and at least one window at night. (Seibert, *ibid.*) *Boric-acid* solution to irrigate nasal cavities, and *antipyrin* at night, in severer cases. Plenty of fresh air. (A. Caillé, *ibid.*) *Creasote* and *terebene* inhalations by means of Robinson's inhaler. Fresh air. (J. Lewis Smith, *ibid.*).

POTT'S PARAPLEGIA.
On hypothesis that it is due to pachymeningitis and infiltration of surrounding structures producing compression, *iodide of potassium*, 10 drops of saturated solution one or two hours after meals, and rapidly increased to 50 or 60 drops three times a day. Milk best medium for administration. Patient to be kept in recumbent posture with perfect fixation of spinal column by means of a brace or plaster-of-Paris jacket. When disease located in upper dorsal or cervical region, continuous extension to be maintained by means of a band around the head or a jury-mast apparatus from chin to occiput. (S. E. Milliken, *Buffalo Medical and Surgical Journal*, June, 1893.)

SEXUAL POWER, LOSS OF.
On hypothesis that deficient erection is due to enlargement of veins, especially those not acted upon by the erector muscles, thus permitting blood in corpora cavernosa to escape too readily, *ligation of* a couple of the *larger subcutaneous veins* at the base of the penis, under cocaine anæsthesia. (A. King, *Boston Medical and Surgical Journal*, July 13, 1893.)

TUBERCULOUS JOINTS.
An Esmarch bandage being applied above the joint to control the circulation, the joint is erased, and any cavity in the bone is thoroughly cleared out and the hole carefully dried with sponges. Some *iodoform* is then washed with 1-in-20 *carbolic-acid lotion* and poured on to a piece of lint, and the latter is squeezed as dry as possible. It is then introduced in masses into the cavity in the bone and stamped firmly in, much as a dentist fixes a gold stopping in a carious tooth. When the cavity has been completely filled, the surface of *iodoform* is planed down level with the surrounding bone. This method has never been known by the author to fail. (W. Arbuthnot Lane, London *Lancet*, July 15, 1893.)

TUMORS OF BLADDER.
Temporary resection of the symphysis as an aid to their extirpation. Make small incision over symphysis and another at right angles to it, extending from cord to cord. After dividing periosteum, chisel out small piece of symphysis, including portion connected with the recti muscles. After operation for cystic tumor, bone ends are brought together and held in apposition by periosteal or bone sutures. Half-sitting position, with flexed legs, should be maintained eight or ten days. (Bramann, *Centralblatt für Chirurgie*, No. 17, 1893.)

VOMITING OF ANÆSTHESIA.
Digital compression of the *phrenic* and *vagus* nerve against sternal end of clavicle. The etherizer presses the last phalanx of the thumb firmly over the sternal end of the clavicle, the body of the thumb being parallel with the clavicle and the hand resting on the chest. The pressure is made with the radial side of the thumb. Pressure to be continued a few minutes after cessation of vomiting to prevent recurrence. (B. Joos, *Korrespondenzblatt für Schweizer Aerzte*, No. 3, 1893.)

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28, rue de Madrid,
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Staff Notices.

Sir Benjamin Ward Richardson.

It was certainly with a feeling of great satisfaction that Dr. Richardson's many friends heard of the honor bestowed upon him by her Majesty Queen Victoria. Knighthood was never more fittingly united with true merit, a better heart, a purer man. Dr. Richardson's name is not only known to every medical reader, but his fertile mind has caused him to become a worker in so many directions that he is also well known to the general literary public. The *British Register* gives the following outline of our eminent associate editor's career and works :—

M.A. and M.D., St. And., 1854; LL.D.; F.R.C.P.Lond., 1865; F.P.S.Glasg., 1878; F.R.S.; F.S.A.; F.M.S.Lond.; Fotherg. Gold Medal, 1854; Prest. St. And. Grad. Assoc., Med. Temp. Assoc., and Soc. of Sanit. Inspectors; Hon. Mem. Imp. Leopold-Car. Acad.; Vice-Prest. Epidem. Soc.; Phys. Lond. Temperance Hosp.; Hon. Phys. Roy. Lit. Fund, Newspaper Press Fund, and Soc. of School-Masters; Croon. Lect., 1873. Author of Astley Cooper Prize Essay for 1856,—"On Coagulation of the Blood;" "Hygienic Treatment of Consumption;" "Clinical Essays;" "Fibrinous Deposition in the Heart;" "Restoration of Life After Certain Forms of Death," *Proc. Roy. Soc.*, 1865; "Study of Disease by Synthesis," *B. F. Med.-Chir. Rev.*, 1858; "Original Researches on Nitrite of Amyl," 1863; "Alcohol and Allied Compounds," *Trans. Brit. Med. Assoc.*, 1864–1872; Original Researches on Bichloride of Methylene, Ethylate of Sodium, the Sphygmophone, the Audiometer; "Researches on Hydrate of Chloral," 1869; "Diseases of Modern Life," 1874; "Cantor Lectures on Alcohol," 1875; "Hygeia, a City of Health," 1875; "The Field of Disease," 1883; "The Asclepiad: a Quarterly Journal of Original Research and Practice," 1874–1892; "The Health of Nations," 1887; "The Common Health," 1887; "The Son of a Star, a Romance," 1888; "National Health," 1890; "A Life of Thomas Sopwith, F.R.S."

More than forty years ago Dr. Richardson already gave serious attention to anæsthetics, and his researches suggested the idea of eliminating pain in the process of destroying the domestic animals. In order to show that animals might be killed without suffering he instituted a lethal chamber in his garden, where animals could be brought for painless death. As an advocate of temperance Dr. Richardson is also well known, and great is the influence of his pen in this particular field. In his article on "Fibrinous Deposition in the Heart," he demonstrated the influence of heart-clot as a cause of death, while in that entitled "Original Researches on Nitrite of Amyl" he pointed out the great value of this drug in subduing the sufferings caused by angina pectoris and tetanus. The new dignity of which Dr. Richardson has been the recipient is, as may be seen, a well-earned one. Our hearty congratulations!

Dr. C. S. Witherstine.

It is with deep regret that we have to announce the resignation of our accomplished co-editor, Dr. Witherstine. The demands of a large practice and the difficulties incurred by the division of work rendered necessary by the removal of the central office to Paris have, unfortunately, made this step necessary. Dr. Witherstine had been connected with the Satellite (now the Universal Medical Journal) almost since its creation, and great is the debt of the editor to his friend and colleague, whose zeal and wide knowledge were of inestimable value to him. Dr. Witherstine will continue to edit the department of "Scarlet Fever, Measles, and Rötheln" in the Annual, the resignation involving his connection with the Universal Medical Journal only.

Prof. Christian Fenger, of Chicago, U.S.A., has accepted the editorship of the department of "Surgical Diseases of Arteries and Veins."

Prof. Van Jurschoot, of Ghent, Belgium, has accepted the editorship of the department of "Antiseptics and Surgical Dressings."

Dr. William A. Edwards, of San Diego, California, U.S.A, has accepted the department of "Dietetics and Intestinal Diseases of Infancy."

Dr. Wm. T. Bull and Dr. W. B. Coley, of New York, U.S.A., have accepted the recently-created department of "Hernia."

THE

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Original Communications.

CHARCOT.

Our collaborator, Dr. J. Babinski, formerly chief of clinic at the Salpêtrière and at present himself physician to the Paris hospitals, kindly furnishes us the following review of the works of the universally-lamented Professor Charcot:—

"The profound grief aroused in my heart by the death of my beloved and venerated master renders difficult the task proposed,—of analyzing his work. I am at this moment more inclined to weep for the man, whose inexhaustible goodness I could so appreciate, than to admire the great savant. Yet if it was by his moral qualities that Charcot gained the affection of those who, like myself, enjoyed his intimacy, it is his genius that entitles him to the attention of the public. Like a vanished star, whose rays continue to shine in space, his great mind will continue to shine down through the ages by the light which he shed while on earth. Is not this a consoling thought to those who loved Charcot? I will endeavor for the moment to efface my cherished memories of the friend, and to contemplate only the colossal work left behind him by the great master so suddenly removed in the plenitude of his glory.

"The name of Charcot is intimately associated with that of the Salpêtrière; so that one would be almost justified in saying that the Salpêtrière was one of his discoveries, and not one of the least meritorious. Not that the physicians associated with this hospital before Charcot had not, to a certain extent, made use of the resources offered them there,—Charcot recalling with pleasure the names of his eminent predecessors, Rostan, Cruveilhier,

and Reyer,—but, until Charcot's time, no one had any exact idea as to the treasures contained in the Salpêtrière. For young physicians it was merely a temporary position, to be occupied while waiting for a post in a general hospital. Charcot was the first to see what could be drawn from such rich material as filled its wards to overflowing. Entering there at the age of 38 years, he settled himself in a permanent manner, and there he remained until his death. It was there he fulfilled most of his career, first as a collaborator of his friend, the eminent Vulpian, ransacking every corner of this institution, which he called 'the emporium of human miseries'; collecting there a harvest of cases, founding an incomparable anatomo-clinical institute and an admirable course of instruction, followed by pupils and physicians drawn there from all parts of the world; forming, finally, a constellation of pupils, who grouped themselves about him, working under his direction and developing his ideas. Thus was created the school of the Salpêtrière.

"His scientific life may be divided into two great periods. In the first he occupied himself with diseases having an anatomical substratum, studying them as a clinician and as an anatomo-pathologist. Then, changing his course, he attacked the study of dynamic affections, the neuroses, without altogether abandoning his first field. His investigations were carried out in all directions, and there is scarcely a single region of pathology upon which he has not shed light. Besides the affections of the nervous system, those of the lungs, the liver, the kidneys, the heart, the vessels, the bones, general diseases, rheumatism, gout, tuberculosis, leucocythæmia, melanæmia, all furnished material for his researches. I will not speak of the part of his work foreign to neuropathology, but will content myself by recalling that all his studies were fruitful, that they contributed to the progress of science, and that they would in themselves be sufficient to give Charcot rank among the most eminent physicians of his time. It is true, however, that his discoveries in the domain of nervous diseases contributed most toward making his name illustrious, and the principal of these I will pass succinctly in review.

"He studied softening of the brain in the aged, as well as encephalitis, and contributed to establish an essential distinction between these two affections from an anatomical point of view. He described a special alteration of the small arteries of the brain (miliary aneurisms), which may be considered as the most frequent cause of cerebral hæmorrhage. Secondary degeneration of the cord and cerebral atrophy of childhood were the subjects of numerous remarkable studies. The discovery of insular sclerosis (*sclérose en plaques*), in conjunction with Vulpian, is comparable in importance with that of locomotor ataxia. Charcot and Vulpian, in fact, thus created a new class of diseases, their description of which was so perfect as to permit of no criticism. Their work was fundamental, revealing the existence of a disease which had hitherto completely escaped the notice of observers. The two masters discerned what the great Duchenne had not been able to do in tabes, —the anatomical lesions corresponding to the clinical manifestations; they made known a method of alteration in the nervous system hitherto unthought of,—a sclerosis without consecutive secondary degeneration.

"Cervical hypertrophic pachymeningitis was a discovery comparable in importance to the one just mentioned. Here again Charcot gave a description of a special anatomical lesion to be distinguished by characteristic symptoms.

"He contributed toward establishing the fact that atrophy of the nervous cells of the anterior horns of the cord formed the anatomical basis of progressive muscular atrophy of the Aran-Duchenne type and of infantile paralysis.

"Charcot discovered lateral amyotrophic sclerosis, thus giving a new morbid type, and, as with insular sclerosis and cervical hypertrophic pachymeningitis, he at once gave a complete description of the affection, clinical as well as anatomical. He showed that the syndroma, described by Duchenne under the name of labio-glosso-laryngeal paralysis, originated most frequently from amyotrophic lateral sclerosis. The knowledge of this disease led to the opinion that previous researches upon primitive progressive myopathy (syringomyelia) confirmed the theory that the group of progressive muscular atrophies created by the genius of Duchenne were separate cases belonging to distinct types.

"In a memoir upon pseudo-hypertrophic paralysis Charcot proved that, contrary to the opinion of many authors and in conformity with that of Eulenburg and Cohnheim, this affection must be considered as independent of any appreciable lesion of the nervous system. He also discarded the early anatomical theories of primitive progressive myopathy, and showed later that the various forms of progressive muscular dystrophy make part of a special nosological type.

"If the discovery of locomotor ataxia belongs to Duchenne, it is nevertheless true that in many cases sclerosis of the posterior cords was not recognized during life before the researches of Charcot upon obscure tabes. He described the articular lesions of tabes, which no one before him had observed. These arthropathies are called by English writers "Charcot's disease," as showing the value attached by them to his discovery. This name, it may be said incidentally, applies more particularly to amyotrophic lateral sclerosis; for the arthropathies in question are but manifestations of a disease, and do not constitute a disease in themselves.

"His studies upon the laryngeal symptoms of tabes are remarkable. He gives a powerful description of the disease called spasmodic tabes dorsalis, which before had been scarcely noticed except by Erb. He showed that, even in the absence of positive clinical proofs, this affection may be separated, by its clinical characteristics, from various morbid conditions which, like it, had long been confounded with chronic myelitis.

"His researches upon localization in diseases of the brain constitute an epoch in medicine. While contributing the results of experimental work upon the subject, he at the same time applied himself to its study by clinical cases in human pathology. The propositions formulated by him concerning the situation of the cerebral cortical layer, lesion of which determines descending sclerosis of the pyramidal system and motor troubles, are based, for the greater part, upon his observations at the Salpêtrière. Those who

recall the violent polemics which the publications of Charcot aroused must appreciate the merit of his work. The ideas which he then sustained have become to-day definitely acquired facts.

"His studies upon Menière's disease are of great importance, describing, on the one hand, with more precision than had hitherto been brought to bear upon the subject, the clinical appearances of this vertigo, and, on the other hand, the therapeutic value of the prolonged use of sulphate of quinine. In his studies on aphasia, he entered with facility into the domain of psychology, and singularly increased our knowledge of the troubles of speech. To him also we owe our knowledge of obscure forms of Basedow's and Parkinson's diseases.

"I now come upon that part of his work most controverted by the medical profession, namely, his studies upon hysteria. Charcot, undaunted by the attacks of his critics, pursued with eagerness his investigations, and had the satisfaction of seeing, during his life-time, his adversaries themselves recognize the importance of his discoveries in this branch of neuropathology. Having studied various incidental phenomena of hysteria, ischuria, hemianæsthesia, contracture, ovarian hyperæsthesia, etc., he gave a description of the successive periods of the hystero-epileptic attack. Imbued with the idea that nothing is due to chance, he used every effort to show that the symptoms, apparently disordered, were subject to a rule. The description of a typical grand attack, though indeed somewhat schematic, gives with precision the various symptôms by which the attack is liable to manifest itself, thus serving as a guide in obscure cases of the disease. His work upon achromatopsia, rhythmical chorea, and hysterical tremor are noteworthy.

"His researches upon hysteria led him to approach the study of hypnotism, until then despised by physicians and abandoned to charlatans. He succeeded in arousing general interest in the subject, and in causing hypnotism to be included in the domain of science.

"It is perhaps his work upon male hysteria that was most fruitful. Its importance may be recognized when one realizes that to-day cases of male hysteria are common, while formerly they were almost unheard of. Charcot showed that man, as well as woman, is subject to severe attacks of hysteria. He described hystero-traumatic brachial monoplegia (formerly confounded with paralysis due to pressure on the brachial plexus), coxalgia, mutism, hysterical glosso-labial spasm, etc. In a clear and penetrating analysis of the subject, he demonstrated the capital rôle played by suggestion and auto-suggestion in the development of the hysterical attacks,—a rôle which no one better understood than he, although his adversaries accused him of overlooking it. The studies of Charcot upon hysteria have had considerable bearing, both theoretical and practical.

"Here I must stop in the enumeration of his works, omitting many of the best of them. To realize the importance of the lectures which he has published, it is necessary to study them one's self with the greatest care. To appreciate the extent of his labors, one must banish from the mind all the ideas that Charcot introduced into neuropathology, and then enter a

clinic for nervous diseases. I do not think I would be exaggerating if I said that, under such a condition, the third, or perhaps the half, of the cases capable of classification to-day would remain uncomprehended. Charcot revolutionized neuropathology. As may be judged from this short summary, his labor was immense. He leaves, in the domain of medicine, an ineffaceable mark, and his name will live in history.

"It seems to me interesting, after recalling the great discoveries for which science is indebted to this illustrious master, to speak here of the various faculties with which he was endowed, and the union of which enabled him to accomplish so much.

"Charcot had the faculty of observation to a supreme degree,—certainly the most precious of qualities for a physician, and without which other qualities may be lost. He associated with this faculty a sure judgment, and he subjected himself, in his work, to rules most severe and methodical. He studied the objects before him as artist and as savant. Without seeking novelty, he was drawn to the unknown, ideas hitherto unnoticed striking his attention, and their most prominent points becoming fixed in his mind. He then submitted the objects which had thus attracted him to methodical and rigorous analysis, observing them from all sides, utilizing in his investigation all the means placed at his disposal by science, renewing his examination almost to satiety, and putting aside theoretical or preconceived ideas which might hide real facts. Not that his mind was incapable of general conceptions,—far from it; but because he had, above all, a love of truth.

"Understanding well the value of such conscientious work, Charcot classified carefully, in arranging the notes which he gathered each day; he thus made provision for a supply of material which he well knew how to unite afterward, and which served him in good stead in building the great edifice which he erected. He also possessed the great faculty of bringing together similar or analogous cases, though observed at long intervals. He compared them, discerned with care what they had in common, and was thus enabled to distinguish types and nosological classes.

"How instructive it was to assist in his researches, at his clinic or in his laboratory! For the master, in setting the example, taught at the same time method, respect for what was sincere, and a love of work. Worthy of admiration also was the versatility of mind which permitted him, after years of anatomical work, to turn the current of his ideas and to give himself up—with what success is well known—to the study of dynamic disturbances,—not material, but involving the most subtle psychic phenomena. He was open to new ideas, and without prejudice, guarding, however, against skepticism, which induces sterility, and credulity, which leads to error. The rectitude of his judgment enabled him to appreciate with fairness the labor of others, to bring out their strong points, and to separate the chaff from the wheat.

"These are some of the numerous and varied qualities which made Charcot at once a remarkable critic, an eminent professor, and a creator of genius."

Selections from Reports of Members of the Annual's Editorial Staff.

Austria-Hungary.

DR. DUJARDIN-BEAUMETZ UND DR. DUBIEF,
REDACTEUREN DER ABTHEILUNG FÜR ALLGEMEINE THERAPIE.

Alle Bücher, Thesen, Separatabdrücke, etc., über den obenerwähnten Gegenstand in deutscher Sprache erscheinend, sollen Herrn DR. DUJARDIN-BEAUMETZ U. DR. DUBIEF, No. 8 rue Taylor, Paris, France. zugesandt werden.

Alumnol.—A. KONTZ has used alumnol in sixteen gynæcological cases: catarrh of the neck, endometritis with or without inflammation of the annexa. Cervical catarrh and simple perimetritis are very easily cured by several treatments. Endometritis complicated with lesions of the annexa does not respond to this treatment; in fact, the pains are augmented on account of the irritation produced by the alumnol. Blennorrhagic vaginitis is readily cured by this remedy. The author has made use of the following preparations: A solution of 3 per cent. for lavages; a powder and bougies of 20 per cent.; a 10-per-cent. solution as an astringent in the treatment of endometritis and of erosions. Gauze imbibed in a 24-per-cent. solution has also rendered good results, but care must be taken not to leave it in place more than twenty-four hours, because it then takes on a very fetid odor.—*Wiener medizinische Presse*, No. 18, 1893.

Belgium.

DR. DUJARDIN-BEAUMETZ ET DR. DUBIEF,
RÉDACTEURS DU DÉPARTEMENT DE LA THÉRAPEUTIQUE GÉNÉRALE.

Tous livres, thèses, monographies, etc., sur les sujets ci-dessus, publiés en langue française, doivent être adressés à MM. DUJARDIN-BEAUMETZ ET DUBIEF, No. 8 rue Taylor, Paris, France.

Phenosalyl.—FRAIPONT has experimented with phenosalyl, the product recommended by de Christmas, of the Pasteur Institute of Paris. As a disinfectant it ranks directly after corrosive sublimate, and its antiseptic power is three times greater than that of carbolic acid; in other words, a solution of phenosalyl containing 1 per cent. of carbolic acid has the same microbicide action as a 3-per-cent. solution of carbolic acid. The phenosalyl is, moreover, less irritating and is more easily supported than carbolic acid. The author considers that these properties are due to the very ably combined mixture of the various antiseptic substances. Fraipont experimented particularly with this drug in obstetrics and gynæcology and obtained good results. In 68 confinement cases (among which were 1 of version, 3 forceps, 4 artificial delivery, 3 embryotomy) he only noted fever in 3 cases. No deaths occurred. In obstetric practice the author uses a weak solution of phenosalyl, that is to say, 30 grammes (1 ounce) in a litre (quart) of distilled water; in gynæcology he uses the strong solution, which is twice as concentrated. In one hundred operations only one death occurred; the patient had metritis, complicated with salpingitis. In endometritis he used phenosalyl crayons after the curettage. He concludes that phenosalyl is an excellent antiseptic, preferable to carbolic acid and corrosive sublimate, used alone.—*Medico-Chirurgical Society of Liége*, March 2, 1893.

ROSKAM, of Liége, has used phenosalyl in two cases of purulent cystitis, twelve cases of blennorrhagia, and two cases of impetiginous eczema of the scalp and of the face in children. In treating cystitis the author proceeded in the following manner: Injection of 200 grammes (7 ounces) of a warm 10-per-cent. solution of borax, evacuation by means of the catheter, then injection of the warm solution of phenosalyl, evacuation by the catheter after one minute; following this a new injection of the disinfectant solution. The catheter is withdrawn, and the liquid injected is retained by the patient for several minutes, and is then evacuated naturally. The solution made use of is as follows: 60 grammes (2 ounces) of phenosalyl in 1 litre (quart) of water (strong solution). The pains occasioned by these injections are relatively slight, and only last a few minutes, if care is taken to immediately give a hot bath. In order to cure these two serious cases of cystitis, which had resisted all the usual treatment, only two *séances* like that above described were necessary in the one case, while in the other four sittings were required, made at intervals of twenty-four hours. At the end of four months the recovery was still permanent. In the cases of blennorrhagia the results were not very good; at least, the phenosalyl did not in these cases seem superior to other well-known antiseptics, particularly the permanganate of potash. The two cases of impetiginous eczema were very severe. After having softened the crusts as much as possible with warm water, in order to detach all that could be removed, compresses saturated with the weak solution of phenosalyl (3 per cent.) were applied; the compresses were removed every six hours. The recovery was radical after two days, and it was only necessary to cover the affected parts for four days with a mixture of benzoated ointment and lanolin.—*Medico-Chirurgical Society of Liége*, March 2, 1893.

France.

PROF. LÉPINE,
RÉDACTEUR DU DÉPARTEMENT SUR LE DIABÈTE.

Tous livres, thèses, monographies, etc., sur les sujets ci-dessus, publiés en langue française, doivent être adressés à M. le

PROF. R. LÉPINE,
30, place Bellecour,
Lyon, France.

Hyperglycæmia. — CHAUVEAU and KAUFMANN have endeavored, in several cases of hyperglycæmia obtained by different processes, to determine if the normal difference existing between the amount of sugar in arterial blood and in that of venous blood is augmented or diminished. A diminution was never observed; on the other hand, in hyperglycæmia, the sugar in the venous blood, as compared with the arterial, was not less than in the normal state. From this they conclude that hyperglycæmia does not depend upon defective consumption of sugar, but in its exaggerated production. They have, therefore, studied the condition of hyperglycæmia from this point of view, consecutive (1) to blows on the head; (2) to wound of the floor of the fourth ventricle; (3) to subbulbar section of the medulla; (4) to section of the medulla parallel with the brachial enlargement; (5) to ablation of the pancreas.—*Mémoires de la Société de Biologie*, p. 17, 1893.

The editor of this department disputes the accuracy of these conclusions, the experiments having been made upon a fasting animal, when, in consequence, the absorption of sugar was at a minimum. It cannot be assumed that when the absorption of sugar is at its maximum it must be identical in the healthy animal and in the one rendered hyperglycæmic. Henriot (see ANNUAL, 1893, vol. i, p. G-13) proved that if in the fasting diabetic the relation between the CO_2 exhaled and the O absorbed is equal to that of the healthy man, it is no longer the case if both be made to ingest a large and equal quantity of glucose. In this case, in the diabetic the increase of CO_2 exhaled is insignificant in proportion to the O absorbed. The editor also recognizes the fact that, in experimental conditions such as those produced by the authors, there was an hyperproduction of sugar more than a diminution in the absorption; but can it be said that traumatic diabetes consecutive to lesions of the nervous system and to ablation of the pancreas is identical with diabetes in man? The editor of this department insists anew upon the extreme difficulty met with in studying glycosis *in vitro*, due to the fact that there is always in this case production of sugar at the expense of the peptones of the blood. (See ANNUAL, 1893.) This is not all; it is still necessary, in order to well estimate the glycolytic power of the blood in two given cases, to take account of the respective quantity of sugar contained in each. For instance, in normal blood having 1 gramme of sugar per litre, at the end of an hour, at a temperature of 39° C. *in vitro*, there would be lost, he supposes, 0.30 gramme of sugar; while in diabetic blood with 2 grammes of sugar per litre, and having under the same conditions lost 0.30 gramme, it is evident that the *absolute* loss in both cases would be the same; yet one cannot say that *glycolytic power* in both cases would be the same. According to his experience, *if the proportion of sugar is augmented in the blood, the quantity of sugar destroyed will be, ipse facto, augmented.* To sum up, the diminution of glycolytic power in most diabetics is, in the editor's opinion, an assured fact, and Chauveau and Kaufmann are not justified in stating that hyperglycæmia depends *exclusively* upon increase in the production of sugar. The truth is that, according to the case, there is more or less diminution of the glycolytic function and augmentation in the production of sugar.—*La Semaine Médicale*, March 11, 1893.

Production of Sugar at the Expense of Peptones in the Blood.—LÉPINE again discusses the production of sugar at the expense of the peptones in the blood. (See ANNUAL, 1893.) The sugar may be distinguished by ordinary methods, notably by fermentation. It is produced in the blood (defibrinated or not) at all temperatures less than 60 degrees, but it can seldom be obtained at a maximum under 55 degrees, because below that temperature glycolysis supervenes and partly masks the result. If, instead of adding peptone to the blood, water only be added, sugar also forms, probably because water determines the production of peptone in the blood. If an organ containing no glycogen and removed aseptically from an animal be macerated for some time in three or four parts of cold water and

immediately placed at a low temperature, the aqueous extract contains but a small quantity of material reducing Fehling's solution, for the greater part is not sugar. If to this aqueous solution a small proportion of peptone be added, and the mixture be placed at a temperature of 56° to 58° C. for an hour, a certain quantity of sugar will be produced, varying according to the organ. The reality of this production of sugar is proven by the fermentation and phenylhydrazin tests. The aqueous or glycerin extracts of fresh organs also contain a ferment which may be called pepto-saccharifying. There is no proof that glycogen may be a necessary medium between albuminoid and glucose matter.—*Comptes Rendus*, January 23, 1893.

Minor Symptoms of Diabetes.—CHAUFFARD calls attention to the minor nervous symptoms of diabetes,—migraine, intercostal pain, dorso-lumbar rachialgia with girdle constrictor pains, heaviness and weakness in the limbs and even a slight inco-ordination, pain along the sciatic nerves, loss of the knee-reflex, impotence, and narcolepsy.—*La Semaine Médicale*, p. 69, 1893.

Chauveau and Kaufmann find that ablation of the pancreas is not followed by diabetes if the medulla has previously been divided between the fourth cervical and sixth dorsal pairs; a division which the researches of Cl. Bernard have shown is followed by hypoglycæmia. From this fact they conclude that there exists in the medulla, below the fourth cervical vertebra, a centre of activity for the formation of glycogen in the hepatic cells, this centre being interrupted in its connections with the liver by the section referred to. They find that the effects of subbulbar section of the medulla are identical with those of ablation of the pancreas, and they conclude that there exists in the encephalic portion of the medullary axis a centre of excitation of the pancreatic gland which, by its internal secretion, would exercise an inhibitory action upon the exciting centre of the liver before mentioned. If the pancreas be removed before section of the medulla, diabetes occurs in spite of the latter. The authors explain this unlooked-for result by admitting that the regulating nervous centres of glycogen formation of the liver do not act directly upon that organ, but upon the sympathetic nervous ganglia, placed like relays upon the course of the nerves which unite the medulla with the liver; these ganglia would form secondary centres acting directly upon the glandular system, producing sugar by virtue of an activity received from the medullary centre.—*Mémoires de la Société de Biologie*, p. 29, 1893.

Etiology of Pancreatic Diabetes.—MORTIMER ROWLAND publishes a case of pancreatic diabetes in a patient aged 57. At the autopsy the pancreas was found to be small, hard, and everywhere adherent. Throughout the whole of the gland were hard, nodular masses, gritty to the touch, resembling minute tubercles. Under the microscope the structure was seen to consist mainly of a fibrous net-work containing in parts degenerated remains of glandular tissue, and dotted over with calcareous masses so abundant and so hard as to notch the edge of a razor in cutting. Death occurred in coma, when urine was being passed in good quantity (forty ounces

in twenty-four hours), and even more than on several previous occasions, being also of low specific gravity (1006), free from sugar (probably in relation to the antidiabetic diet), and not giving the ferric-chloride reaction. The temperature was never above the normal.—*British Medical Journal*, January 7, 1893.

The Knee-Jerk and Diabetes.—R. T. WILLIAMSON, of Manchester, publishes an analysis of fifty cases of diabetes in relation to the knee-jerk. Both were absent in 50 per cent. and present in 38 per cent. of the cases; feeble or one absent in 12 per cent. In regard to age, the knee-jerks were absent in 80 per cent. under 25 years; in 75 per cent. under 30 years; in 46 per cent. over 30 years. The severer type of the disease in the young is probably accountable for the high percentage of absence of the knee-jerk under 25 years. In relation to general nutrition, the knee-jerk appears to be more frequently absent in markedly wasted patients and in cases in which the autopsy revealed marked disease of the pancreas. The reflex may be present in cases in which there are lesions of the nervous system. Out of twelve cases there were in eight more or less pain or tenderness, numbness, and cramps in the legs; in four such, symptoms of neuritis were entirely absent. Consequently, the loss of the knee-jerk is probably due to neuritis. In cases in which the knee-jerks were absent during life, examination of the spinal cord yielded negative results.—*Medical Chronicle*, February, 1893.

France.

DRS. BOURNEVILLE ET SOLLIER,

RÉDACTEURS DU DÉPARTEMENT DES MALADIES NERVEUSES PÉRIPHÉRIQUES ET DYSTROPHIES MUSCULAIRES.

Tous livres, thèses, monographies, etc., sur les sujets ci dessus, publiés en langue française, doivent être envoyés à

MM. BOURNEVILLE ET SOLLIER,
30, rue de la Glacière,
Paris.

Progressive Muscular Atrophy in Syphilitics.—RAYMOND, of Paris, calls attention to several cases of muscular atrophy, progressive in nature, occurring in syphilitics. The first patient, aged 41 years, had a double nervous heredity; was given to alcoholic excess, and had syphilis in 1874. In 1885 pains in the right shoulder were felt, followed by writers' cramp in the right hand, diplopia, lancinating pains in the nape of the neck, shoulders, and right arm; finally, progressive dyspnœa. Paralysis and atrophy of the hand, forearm, and shoulder, and then of the nape of the neck, ensued, reaching atrophy in 1890. The reflexes were normal; fibrillary contraction and reaction of degeneration of the muscles; sphincter intact. Dyspnœa and dysphagia increased, and broncho-pneumonia and death followed. At the autopsy diffuse vascular meningo-myelitis was found throughout the entire medulla and bulb, but especially in the cervical region, where the atrophy of the ganglionic cells was enormous. Raymond presents another case showing considerable analogy with the preceding. In this case—a patient of Rendu—death followed glosso-labial pharyngeal paralysis. He was also syphilitic, but had besides shown, before the atrophy of the arm and nape of neck, symptoms of basilar meningitis and general paralysis.—*Société Médicale des Hôpitaux*, February 3, 1893.

Hysteria and Chorea.—COCHÉ seeks to disprove the theory that hysteria may simulate the chorea of Sydenham. His thesis is based upon one unpublished case and upon two others published by Debove and Séglas. This simulation should not be rare, but hysterical chorea clothes itself in special characteristics. It begins suddenly and terminates in the same manner, its duration is variable, and it presents no visceral or arthropathic involvement; in a word, it differs only from common chorea in the irregularity of its principal movements.—*Thèse de Paris*, 1892.

Neurasthenia.—MATHIEU, of Paris, in a work on neurasthenia, or nervous exhaustion, partly accepts the theory of auto-intoxication, as taught by Bouchard,—that the primordial lesion is the dilatation of the stomach, which, in a greater or less degree, exists in all neurasthenics. He thinks that too much importance has been assigned to the rôle of the stomach, and that in nervous dyspepsia we have to do with a simple nervo-motor disorder without important disorder of the digestive secretions.—*Neurasthenia, or Nerve-Exhaustion.* Paris, 1893.

Germany.

DR. DUJARDIN-BEAUMETZ UND DR. DUBIEF,
REDACTEUREN DER ABTHEILUNG FÜR ALLGEMEINE THERAPIE.

Alle Bücher, Thesen, Separatabdrücke, etc., über den obenerwähnten Gegenstand in deutscher Sprache erscheinend, sollen Herrn DR. DUJARDIN-BEAUMETZ U. DR. DUBIEF, No. 8 rue Taylor, Paris, France. zugesandt werden.

Hydrastinine.—WILD reports several accidents due to the administration of this drug, particularly in the pharyngeal region. He describes the case of a female patient, aged 39 years, who was suffering from uterine hæmorrhages, which persisted in spite of all the usual remedies having been tried. The author conceived the idea of using hydrastinine, and gave her subcutaneous injections of a 10-per-cent. solution of hydrastinine. At each injection one cubic centimetre was given, containing 10 centigrammes of the remedy. Seventeen injections were given in forty days. At the moment of the last injection the patient complained of a violent pain in her neck. An examination revealed the presence of limited patches, having a very apparent projection of about two millimetres. During the following days these patches became much larger and of greater prominence, and the mucous membrane surrounding them became much inflamed. The pain in the neck increased, extending to the ears, and entirely prevented alimentation, as the act of swallowing caused such intense pain. Dr. Wild suspected that the hydrastinine was the cause of these symptoms, and, in order to make sure, he, after several days, gave another injection of the drug. The following day the same phenomena occurred with the same intensity. The author does not hesitate to attribute these symptoms to the intoxication caused by the hydrastinine; they are analogous to those produced by the abuse of atropine, and which, no doubt, originate from paralysis of the secretory nerves. It is, therefore, a remedy whose effects should always be carefully watched, and care should be taken to examine the throats of patients treated by hydrastinine.—*Deutsche medizinische Wochenschrift*, No. 13, 1893.

Opium.—H. HAGER calls attention to the fact that opium and morphine, in solution, which have been subjected to a temperature of from 95° to 100° C. (203° to 212° F.), lose a considerable portion of their narcotic power; the author therefore gives the name of "mitigated opium" to these preparations. Heat doubtless transforms the active substances into derivatives which are much less powerful. These mitigated preparations may be administered to children and women, as well as to debilitated persons, without the least danger. The process for preparing mitigated opium is as follows: 20 grammes (ʒv) of powdered opium and 30 grammes (℥j) of distilled water are placed in a porcelain vessel. The temperature is raised by means of a water-bath to 95° or 100° C. (203° or 212° F.), while constantly agitating the preparation. Then it should be allowed to evaporate to desiccation and to cool off, after which it is to be reduced to a powder, which must be kept from contact with the air in an hermetically-closed bottle. The same preparations can be made with this powder as with ordinary opium, using it in the same manner as the latter. This action of heat upon opium having been demonstrated, it should be pharmaceutically admitted that, in the preparation of the ordinary extract of opium, the temperature of evaporation or of desiccation should never exceed 50° C. (122° F.) in the open air. In neglecting to take this precaution, the narcotic power of opium or of morphine becomes considerably diminished.—*Pharm. Zeitung*, No. 32, 1893.

Great Britain.

DRS. BOURNEVILLE AND SOLLIER,

EDITORS OF THE DEPARTMENT OF PERIPHERAL NERVOUS DISEASES AND MUSCULAR DYSTROPHIES.

All books, theses, monographs, etc., upon the above subjects should be sent to

DRS. BOURNEVILLE AND SOLLIER,
30, rue de la Glacière,
Paris, France.

Peripheral Neuritis.—W. M. ORD, of London, reported a case of peripheral neuritis, of obscure origin, the peculiar feature of which was that it followed upon muscular atrophy and osteo-arthritis. These troubles, more marked in the superior members, gave to the articulations an extraordinary size, and at the same time caused a deviation of the fingers toward the radial side, on account of atrophy of the extensor muscles. The two affections came on at the same time, and appeared exactly as if due to the nervous lesion.—*The Clinical Journal*, February 8, 1893.

Muscular Atrophy Following Peripheral Neuritis.—H. HANDFORD, of London, describes a case of muscular atrophy following peripheral neuritis in the course of acute rheumatism; but he considers the neuritis as distinct from the rheumatism, and the two affections as originating from the same infectious cause.—*British Medical Journal*, November 19, 1892.

Peripheral Neuritis Following Alcoholism.—ARTHUR MAUDE describes a case of peripheral neuritis consecutive to alcoholism which presented an exaggeration in the patellar reflexes. The latter re-appeared upon recovery,

which was easily brought about by abstinence.—*British Medical Journal*, February 18, 1893.

CLARKE, of Bristol, in discussing this case, states that he has observed two cases of peripheral neuritis following diphtheria, in which there was also exaggeration of the reflexes.—*British Medical Journal*, February 28, 1893.

Great Britain.

PROF. E. E. MONTGOMERY,
EDITOR OF THE DEPARTMENT OF DISEASES OF UTERUS, ETC.; MENSTRUATION. DISEASES OF OVARIES AND TUBES.

All books, theses, monographs, etc., upon the above subjects should be sent to

PROF. E. E. MONTGOMERY,
1818 Arch St.,
Philadelphia, U. S. A.

Twisted Pedicle Causing Peritonitis.—EDMUND OWEN reports a case of operation for acute peritonitis in which it was found that the cause of the condition was a dermoid ovarian cyst, the pedicle of which had become twisted, causing general peritonitis and extensive adhesions. In addition to this condition the patient was pregnant. The peritoneal cavity was irrigated with a hot solution of boracic acid and the wound closed. The patient did well until the fourth day, when she aborted. A few days later severe uterine hæmorrhage occurred; the cervix was dilated and the cavity of the uterus cleared out; the temperature subsequently became 104° F. (40° C.), and she had a rigor, evidently due to sepsis, originating in the uterus. The latter was again irrigated and curetted, after which she recovered. The case was of particular interest from the fact that the operation was done for supposed acute obstruction.—London *Lancet*, May 6, 1893.

Ovarian Papilloma.—J. BLAND SUTTON, Middlesex, reports a patient operated upon for supposed hydroperitoneum, in which the symptoms were not characteristic of ascites. The uterus was natural in size, and no tumor was detected through the vagina. By rectal examination a soft mass external to the bowel could be felt pressing upon and narrowing its lumen without invading its walls. Operation was suggested to determine its character, and after the removal of the fluid the left ovary was found to be replaced by a large, soft, warty mass, of the size of two closed fists. The tumor was carefully withdrawn through the incision, and its pedicle transfixed and ligated with silk. The right ovary was in a similar condition, though smaller. The pelvic peritoneum was covered with a velvety mass of soft, pink warts, which bled freely when they were rubbed with a sponge. The tumors were typical examples of papillary cysts arising in that portion of the ovary known as the paroöphoron. Such warts develop from the inner walls of the loculi, and frequently grow so rapidly that the walls rupture and become everted, allowing the warty mass to project freely into the peritoneal cavity. Surgeons are generally deterred from further operation when they find the warts on the peritoneum, supposing them to be malignant, but the author asserts that they will quickly disappear after the primary tumors have been removed. Just so long as the seed-supply continues, new warts spring up. Removal of the tumor causes the supply of epithelium to

cease, the warts die, and the crop is not replaced. These tumors may give rise to secondary growths in other organs, as, for instance, in the pelvis of the kidney.—London *Lancet*, April 8, 1893.

Great Britain.

PROF. H. OBERSTEINER,
EDITOR OF THE DEPARTMENT OF DISEASES OF THE SPINAL CORD.

All books, theses, monographs, etc., upon the above subject, should be sent to

PROF. H. OBERSTEINER,
XIX Döbling,
Vienna,
Austria.

Spinal Muscular Atrophy.—J. THOMSON and A. BRUCE have observed a case very closely allied to that of Strümpell; the patient in question was, however, a child. At the beginning of the second year a weakness of the legs was noticeable, which slowly became more pronounced; there was no fever. Gradually all the muscles of the body became involved in the weakness and atrophy. The patient, a very intelligent girl, died at the age of 6 years. There was no degenerative reaction in the diseased muscles, although in a very few (in contradistinction to Strümpell's case) fibrillary twitchings were observed. The result of the post-mortem agreed with the above-mentioned symptoms. The muscles presented the appearance of simple, idiopathic dystrophy; the nerve-centres plainly showed degenerated fibres. The anterior-horn cells of the spinal cord showed throughout its entire length, but more particularly in the lumbar portion, a simple, non-inflammatory atrophy. [This case does not give any precise indications concerning the seat of the primary lesion. It should be borne in mind that the motor nerves may become degenerated centripetally and form the starting-point of progressive atrophy. I am inclined to consider this as a case of peripheral origin, notwithstanding Bruce's opinion to the contrary.—COR. ED.].—*Edinburgh Hospital Reports*, 1893.

Great Britain.

DR. DUJARDIN-BEAUMETZ AND DR. DUBIEF,
EDITORS OF THE DEPARTMENT OF GENERAL THERAPEUTICS.

All books, theses, monographs, etc., upon the above subject should be sent to

DR. DUJARDIN-BEAUMETZ AND DR. DUBIEF,
No. 8 rue Taylor,
Paris, France.

Bromoform in Whooping-Cough.—F. W. BURTON-FANNING has studied the action of bromoform in the treatment of whooping-cough. Of thirty children, varying in age from 3 months to 8 years, the author has only lost one, whose condition was already very desperate, before the beginning of the treatment, owing to a complication of capillary bronchitis. In all the other cases the results were very satisfactory. Usually as early as the second day the paroxysms of whooping become shorter and less severe, vomiting ceases, the epistaxis and other hæmorrhages disappear, expectoration is effected with much less difficulty, and the bronchitis improves. The author administered the bromoform in the form of an emulsion, mixed with gum-tragacanth, syrup, and water.—*Practitioner*, February, 1893.

Italy.

PROF. F. MASSEI,
REDATTORE CORRISPONDENTE PER LA LARINGOLOGIA E LA RINOLOGIA.

Si prega di mandare giornali, libri, monografie, ecc., riguardanti le materie sopra nominate al

PROF. F. MASSEI,
4, Piazza Municipio,
Napoli, Italia.

Tracheotomy Preceded by Intubation in Older Children Affected with Croup.—RICCI, after considering the advisability and non-advisability of operating in croup, demonstrates that, as regards intubation, much remains to be said. He relates three interesting histories of cases of children,—aged, respectively, 5½, 7, and 5 years,—in which intubation preceded tracheotomy; the two first cases recovered. The tube was taken out before the introduction of the tracheal cannula. The operation was, in this way, much facilitated; chloroform was administered and the hæmorrhage controlled.

As regards the indications for intubation or tracheotomy, his observations, though important, not only do not contribute toward the solution of the problem, but they inspire prejudice against intubation. We cannot agree with the author in preferring tracheotomy in children over 3 years of age. He only deems it necessary to give one indication for the advisability of intubation, *i.e.*, when an examination with the laryngoscope (if possible) reveals no danger of pushing down the false membranes.—*Bollettino delle Malat. dell'Orecchio, della Gola*, etc., No. 5, May, 1893.

Tracheotomy Preceded by Intubation.—MASSEI, in a communication to Professor Grassi, returns to the above question, and concludes that, while intubation is very useful in assisting tracheotomy, he cannot understand why tracheotomy should be performed after a successful intubation. The cases in which intubation does not improve the breathing are different; here tracheotomy is required, although the chances of success are lessened. To only recommend intubation in croup merely as an adjunct to tracheotomy is a denial of the services that the first measure may render in a proportion of about 25 per cent. of cases of croup.—*Bollettino delle Malat. dell'Orecchio, della Gola*, etc., No. 7, July, 1893.

On Nocturnal Enuresis in Naso-Pharyngeal Troubles.—DIONISIO reports the case of a girl, 10 years of age, who, in consequence of the occurrence of nasal troubles, had been obliged to sleep with the mouth wide open since two years. Her sleep was restless and interrupted, and nocturnal enuresis occurred. The local treatment of the nasal catarrh and of the naso-pharyngeal obstruction (adenoid vegetations) resulted in a complete recovery. The author, admitting a nervous predisposition, explains the nocturnal enuresis by the fact that, on account of the nasal trouble, the patient feels, even in sleep, the irritation of the full bladder and is obliged to emit urine.—*Gazzetta Medica di Torino*, June, 1893.

Recent Researches on the Motor Cortical Centres of the Larynx.—These were made by MASINI, by means of local applications and injections of cocaine previously colored with aniline, instead of the electrical stimula-

tion and removal of the cortical substance. The conclusions are identical with those which the author formulated in the year 1886, and he calls attention to the fact that Semon and Horsley have not dissociated the effects which he (Masini) attributed to electric stimulation and removal of the cortical substance; as, even after having removed a large portion of this, it was not possible to induce complete paralysis, or the entire and permanent loss of the vocal function. Hence the necessity of admitting that other portions sought to compensate for the damaged part, or that there might exist subcortical centres.

He concludes, therefore, that: 1. Upon the cortical cerebral substance of the dog there are two bilateral centres, which preside over the movements of the opposite side of the larynx. 2. These centres are united with other motor centres, and particularly with those which are more connected with the glottic function. 3. When one of these centres becomes, in any manner, impaired or destroyed, it does not produce paralysis, but glottic paresis, on account of the presence of crossed and direct bundles. 4. Bilateral injuries or impairments produce a more pronounced and persistent paresis, without, however, reaching the degree of true paralysis.—*Bollettino delle Malat. dell'Orecchio, della Gola*, etc., No. 7, July, 1893.

Poland.

DR. J. DRZEWIECKI,

Redaktor Korespondent z działu polskiej literatury tyczącej się: Medycyny ogólnej i lecznictwa; pediatryi; akuszerzyi; ginekologii; laryngologii; otologii; hygieny; demografii; medycyny sądowej; histologii; patologii; bakteryjologii; anatomii; fizjologii.

Wszystkie pisma lekarskie, dzieła, rosprawy, monografije, itd., w języku polskim wydane, a tyczące się przedmiotów powyższych, winny być nadsyłane pod adresem

DRA. DRZEWIECKIEGO,
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Królestwo Polskie.

Some Notes on the Etiology, Prophylaxis, and Treatment of Cholera.—MARCELI NENCKI delivered a lecture on this subject to the Medical Society in Warsaw. In his opinion cholera is not only occasioned by the comma bacillus, but by its connection with other bacilli, detected by Blackstein in the excrements of cholera patients, and to which he gave the name of bacillus capsicus. As to the prophylaxis, it is necessary to endeavor to readily supply sterilized water. Dzierzgowski convinced himself that Berkenfeld's filter sterilizes it best and quickest. As therapeutic measures, he advises salol and other ethers of salicylic acid in the first period; very good results, however, were had upon the application of compounds of phenol with bismuth, as, for instance, β-naphthol-bismuth. For disinfection, Nencki recommends tar, especially pine-tar, with water, 1 part in 10.—*Gazeta Lekarska*, January 14, 1893.

Methylene Blue in Intermittent Fever.—PARÉNSKI and BLATTEIS used this drug in thirty-five cases of intermittent fever with positive effect. It was employed subcutaneously (1 to 5 per cent.), or internally in doses of 0.4 to 0.5, twice or three times daily. Small doses of 0.1 to 0.2 did not produce any disturbance. After longer use of methylene blue he observed pain in the region of the kidneys and a feeling of pressure in the forehead;

sometimes after large doses disturbances in the urinary canal occurred; the influence of the drug upon the circulation was very trifling. For purposes of comparison they administered this medicine to twenty other patients as well as to healthy persons. According to the authors methylene blue acts successfully on the spleen, and is also useful in epilepsy. In cases of intermittent fever with crescent bacteria, which are—as is well known—more obstinate, methylene blue proves more successful than quinine, as is evident from two cases described by the authors. Supra-orbital neuralgia of malarial origin is, according to them, very quickly cured; the drug likewise has a good influence on the general condition. It does not, like quinine, prevent relapses. [In my practice I have never seen good results from this remedy, but very often bad results.—COR. ED.].—*Przeglad Lekarski*, No. 1, 1893.

Symphyseotomy.—F. NEUGEBAUER, in his large and exhaustive work, gives a historic sketch of symphyseotomy and the methods of its performance, cites statistics of operated cases, and defines indications for this operation. Symphyseotomy, in order to facilitate delivery when the pelvis is narrow, was originally recommended by Sigault in 1768, but this idea found no adherents and was lost in oblivion. Only of late, thanks in particular to the works of Italian authors, attention was again drawn to symphyseotomy. It was experimentally proven that after dissection of the symphysis pubis all measurements of the pelvis are augmented. The technique of the operation is very simple, it presents no bad consequences, and consolidation of the dissected joint very quickly follows. In proportion to the progress of antisepsis, the results of this operation are better and better. According to Morivani, those cases are qualified for symphyseotomy in which the conjugata are 8.8–6.7. Novi, however, considers the cases in which the conjugata are equal to 54 millimetres as presenting the last limit of narrowness of stricture.—*Medycyna*, Nos. 47, 48, 49, 50, 51, 52, 1892.

Injurious Action of Sun-Rays on the Eye.—WICHERKIEWICZ puts the question as to the injurious action of the sun-rays on the eye. This action may be direct,—*i.e.*, in the first case the rays fall upon the eye, and in the second upon the skull. It must be inferred, from the analogy with the action on the skin, that the chemical part of the spectrum mainly acts upon the eye. Very marked disturbances in the eye are observed after looking at the sun for some time; for instance, during the observation of a partial eclipse of the sun. In this case it may even happen that there is complete destruction of layers of the retina, with formation of exudation. Less distinct changes take place after long action of the sun-rays upon the closed eye; during sleep, for example. In this case, together with erythema of the face and eyelids, irritation of the conjunctiva and choroid may be observed. He quotes two cases of direct action of the sun-rays. In both cases brain symptoms preceded those of the eye, which were: dazzling, insufficient muscular action, diminution of the field of vision, and diminution of the faculty of distinguishing colors. The examination of the eyes, externally as well as by the ophthalmoscope, in both cases did not show any noticeable changes. He has never seen any beneficial effects accruing from the use of strychnia. —*Nowiny Lekarskie*, November, 1892.

Russia.

DR. J. DRZEWIECKI,

РЕДАКТОР-КОРРЕСПОНДЕНТ из области русской литературы, касающейся: Общей медицины и терапіи, педіатріи, акушерства, гинекологіи, ларингологіи, отологіи, гигіены, демографіи, судебной медицины, гистологіи, бактериологіи, анатоміи и физіологіи.

Всѣ періодическія, медицинскія изданія, сочиненія, стат'и, монографіи и т д., изданныя на русском языкѣ и касающіяся вышеупомянованных предметовъ должны быть адресованы на имя

ДРА ДРЖЕВЕЦКАГО.

97 Краковское Предмѣст'е, Варшава.

Peptonuria and its Clinical Signification.—This subject has already been treated several times by physiological chemists and clinicians, but it still remains an open question. The majority of authors using, according to Maixner, Hofmeister's method extended more and more the circle of diseases in which there was peptonuria, and in this way, it may be said, they took away from this symptom all significance as a mode of diagnosis. Stadelman and his disciples have for two years obstinately denied the present teachings as regards peptonuria. HIRSCHFELD has examined the urine of fifty-one patients according to Stadelman's and Hofmeister's methods. In all cases the first method gave absolutely negative results; by the second method he succeeded, in twenty-two cases, in detecting biuretic reaction in the last filtration. It is evident that the whole question is solved by the relative value of the two above-mentioned methods. According to the author, the idea of peptonuria should be exclusively determined from Kühne's point of view, and in this sense objections can be made to Hofmeister's method. The last filtration of Hofmeister, giving biuretic reaction, loses even this property, with the superfluity of sulphate of ammonia, in such cases, when in the beginning it gave a negative result of the presence of albumens with acetic acid and yellow cyanide of potassium. Minute and careful examination of the above relations brought the author to the conclusion that Hofmeister's method detects *not peptone, but albuminose*, which, owing to the wealth of salts in the filtration, does not produce a reaction on albumen; for this reason *all positive statements made in the literature of the subject concerning the detection of peptone in the urine in various diseases are incorrect.* All the present knowledge of peptonuria is based, according to Hirschfeld, on an unsteady foundation, and has no clinical significance.—*Inaugural Dissertation*, Jurieff, 1892; *Vratch*, No. 7, 1893.

Parasites in Exanthematous Typhus.—WEINSHALL has, in the laboratory of Sacharoff, examined ten cases of exanthematous typhus, following strictly the indications of Levashoff. He did not succeed in obtaining a culture of cocco-spirilli on 1 per cent. of agar-agar, neither from the blood, nor from the dropsical fluid, nor from the spleen. In two cases a culture of cocci very similar to the streptococci was obtained from the spleen. Nothing characteristic was detected, upon microscopic examination, except certain elements which are, however, met with in other infectious diseases. In the preparations from the scrapings of the spleen little heaps of cocci were very often found around the cells.—*Caucasian Medical Society*, No. 5; from *Vratch*, No. 9, 1893.

The Influence of Low Temperature on Koch's Comma Bacillus.—According to the experiments of N. VNUKOFF (1) the culture of the comma

bacillus of Asiatic cholera can support freezing for a considerable time without losing the capacity of further development after thawing. In one experiment he subjected the bacilli to the action of frost during forty days. 2. Repeated freezings have, it would seem, no visible influence on the vitality of the comma bacillus. 3. Cholera microbes can stand a comparatively very low temperature, without losing, after thawing, their capacity for development.—*Vratch*, No. 8, 1893.

The Toxins of Urine During Contagious Diseases in Animals.—From the highly-interesting lecture delivered by YAVEIN, before the Board of the Military Medical Academy in St. Petersburg, the following conclusions may be drawn: 1. At the present time we cannot speak of specific toxins excreted by the kidneys, because in all cases in which the urine contained the specific toxins it also contained specific and noxious microbes, and it was therefore quite impossible to determine whether the toxins in the urine are excreted by the kidneys, or whether they are formed in the urine itself on account of the micro-organisms in it. 2. The urine of rabbits having died after infection with Fraenkel's diplococcus, diplococcus of erysipelas, anthrax bacillus, and the bacillus of hog-cholera always contains the corresponding microbes, and also very noxious bacteria in great quantities. 3. The urine of rabbits dying after having been infected with the cholera cómma bacillus, in the abdominal cavity, sometimes contains the specific microbes and sometimes not; the urine of guinea-pigs having died after infection in the abdominal cavity with cholera bacilli never contains the specific microbes; and, finally, the urine of rabbits having died after repeated injections of a great number of cholera comma bacilli under the skin contains neither the specific microbes nor specific toxins. 4. The urine of rabbits infected with hog-cholera bacillus, diplococcus Fraenkeli, or streptococcus of erysipelas, some hours after infection already contains the specific microbes. Sometimes the urine of rabbits infected with the hog-cholera bacillus does not contain the specific microbes during many hours after infection; in this case it was impossible to find in it the specific toxin, although there were found in the same urine certain substances which occasion immunity.—*Vratch*, Nos. 7 and 8, 1893.

On the Action of Cholera Virus on Man.—O. E. GAGEN-TORN asserts that cholera is a type of intoxication by virus produced in the intestines under the influence of cholera microbes (its formation in the blood is less probable), forming sometimes during several days, but afterward acting very rapidly. The principal action of the virus is a very great contraction of all the smooth muscles of the body. The first symptom of its action is diarrhœa and vomiting; the further changes in the intestines, such as desquamation of epithelium and sphacelus of points of villi, should be regarded as consecutive symptoms. The virus, once getting into the blood in poisoning quantity, no longer enters, and does not form in it,—perhaps on account of the stopping of absorption from the gastro-intestinal tract. The whole further picture of cholera is a result of the primitive action of the virus. The spastic condition of the vessels and smooth muscles, in severe, but not mortal, cases,

does not last longer than three days, oftener less. The transition from the spastic state to complete relaxation, in the type with which the so-called typhoid state coincides, does not last longer than two days, oftener only some hours. The typhoid state is the period of complete paralysis of the smooth muscles; it either gradually passes to recovery, with the same symptoms as in severe and in light cases, or terminates in death, which may also occur at its outset,—with some probability, it must be admitted, that in order to find pure virus it must be looked for in the contents of the small intestine, or in the blood of the patient in the algid state. In cholera virus we perhaps find an important pharmacological medicine.

The author's theory was formed after repeated observations upon patients, *but only then*, when the epidemic had already ceased, and therefore his treatment was that of the usual routine. He gave calomel to almost all his patients. It seemed to him that in suspicious and in light cases this treatment had good effect; in more severe cases he did not observe any good influence either on the coloring of stools or in improvement of the symptoms of the disease. After creoline, which was several times administered in teaspoonfuls, he saw only increase of vomiting and no improvement. In severe cases he constantly used ether and musk hypodermatically.—*Vrach*, Nos. 3 and 5, 1893.

Medicaments introduced per Rectum discharged by the Mucous Membrane of the Stomach and in the Urine.—P. G. KANDIDOFF, after experimenting on young persons with various drugs, arrived at the following conclusions: 1. Iodide of potassium, bromide of potassium, hydrochlorate of quinine, salicylate of soda, arsenicum and antipyrin, introduced into the rectum, are discharged by the mucous membrance of the stomach. 2. The discharging of all these substances in the stomach, with the exception of quinine, begins almost as quickly (one-fourth to one-half hour) as its appearance in the urine; it lasts without interruption, and ends somewhat sooner (thirty-six to forty-eight hours) than in the urine. 3. The discharge of quinine by the mucous membrane of the stomach begins somewhat later than its elimination by the kidneys; it lasts from two to eleven hours, and almost coincides with the time of the greatest discharge of the quinine by the kidneys. 4. Tannic acid could neither be discovered in the contents of the stomach nor in the urine. Comparing these results with those already known as to the discharge into the stomach of morphia, corrosive sublimate, carbonate of ammonia, and of snake and cholera virus, it may be concluded that the mucous membrane of the stomach takes part in the elimination from the body of some medicines as well as pathological products, which either enter the body from the outside or are formed in the body itself.—*Vratch*, No. 13, 1893.

Iodide of Potassium.—VOLKOFF and STADNITZKI, of St. Petersburg, have made experiments, at the clinic of Professor Tchoudnouski, with the object of studying the influence of the iodide of potassium upon the general nutrition,—a very important question from a therapeutic stand-point. The following are the results of the experiments, which were made upon young

persons of from 20 to 25 years of age, who took daily two doses of 30 centigrammes (5 grains) each: 1. The assimilation of the carbohydrates in the food is but slightly diminished. 2. The nitrogenous exchange is augmented. 3. The oxidations in the organs are diminished; the quantity of carbohydrates in substances not sufficiently oxidized, as well as the quantity of neutral sulphur, is increased. 4. The destruction of organic albumen is increased, to judge by the augmented quantity of sulphur in the urine. 5. The weight of the body is only slightly diminished. 6. The diuresis is increased. 7. The assimilation of fat is diminished to a very slight extent. —*Vratch*, No. 11, 1893.

Turpentine.—L. KOUTONZOFF has studied, in six healthy persons, the influence exerted by spirit of turpentine upon the functions of the stomach, with the following results: 1. In healthy subjects the albuminoids of the food are dissolved in the stomach during the first stages of digestion, when the hydrochloric acid is still absent. 2. Spirit of turpentine generally begins by diminishing the secretion of the gastric juice, and afterward excites it. This gastric hypersecretion, which occurs immediately after the ingestion of the food, persists for some time after the cessation of the turpentine. 3. Finally, the spirit of turpentine slightly hastens the absorption of iodide of potassium and the passage of salol into the intestines,—in other words, it somewhat excites the motility of the stomach and the absorbent power of the mucous membrane.—*Vratch*, No. 17, 1893.

Pental.—P. F. FÉODOROFF has experimented with pental in general surgical anæsthesia. This very stable substance does not become decomposed either in light or air; its specific gravity is about that of ether, and, like this latter, it is very volatile. Care must be taken to keep this substance removed from the fire; it burns with a very bright flame, but it has no explosive properties. The vapor of pental does not irritate the mucous membrane. According to Féodoroff, the duration of pentalization is from one to two minutes, and, the condition of anæsthesia once induced, it may be prolonged from two to five minutes. In about 50 per cent. of the cases the radical pulse is not modified, but otherwise the pulsations become more frequent, and sometimes there is arhythmia. It is principally during the first minute that disturbances of the circulation show themselves; it is, therefore, very necessary to be circumspect during the primary inhalations, and not to have recourse to the concentrated vapor of pental, except after the first minute, when the action of the heart will already be regularized. It is important to call attention to two peculiar effects of the drug: 1. Analgesia occurs while consciousness is still retained; the patient executes all the orders of the physician, feels the contact of the instrument, but does not feel pain. It would, however, be imprudent to operate before the complete loss of consciousness; the majority of accidents which have happened during the use of pental were due to reflexes occurring in subjects insufficiently anæsthetized. 2. From ten to fifteen minutes after a first administration of the drug it may again be used without its action being weakened; it would even appear that the subjects are still more susceptible to

its effect. One must also be careful never to operate with the patient in a sitting posture, but always in the recumbent position, for fear of dangerous accidents. To resume: Pental is an excellent anæsthetic in operations of short duration.—*Vratch*, Nos. 3 and 4, 1893.

Sweden.

DR. F. EKLUND,
Brefväxlande Medarbetare för den
SVENSK MEDICINSK LITTERATUR.

Af alla i Sverge utkommande medicinska tidskrifter, bocker, afhandligar, monographier a. s. v. torde ett exemplar benäget öfversändas till

DR. ABRAHAM FREDRIK EKLUND,
Sibyllegatan, 3 A,
Stockholm.

On Sterilized Milk Preserved Without the Addition of Sugar.—For hermetically-concentrated milk, O. J. OLSEN outlines the following conditions and requirements: 1. It must be absolutely free from all foreign ingredients. 2. It must be possible to preserve the milk in good condition during a long period of time, —several years, for instance,—in any climate and during all seasons. 3. The milk must remain unchangeable, even after having been heated, and there must be no sediment. 4. It must flow evenly, be homogeneous in consistence, and without any floating cream, etc. All the requirements of the author have been fulfilled by the Norwegian Milk-Condensing Company, of Christiania.—*Norwegian Magazine of the Medical Sciences*, L, iii, 10, Christiania, 1892.

On the Bisulphide-of-Calcium Solution and its Use in Private Practice.—The clinical experience of the author, N. SJÖBERG, has proved the fact that the peculiar irritating effects of the agent in question are unexpectedly insignificant, and that, in comparison to its unusually certain antiseptic properties, it has but a slight disturbing effect. One of the greatest advantages of the bisulphide-of-calcium solution is the fact that it is an excellent cleansing agent. With a little wad of cotton and the bisulphide-of-calcium solution much more can be accomplished in a few minutes than during a much longer time with a brush and soap. From an economical stand-point it is also advantageous. This disinfectant is particularly useful for bruises and similar outward ailments. For boils and ulcers the bisulphide-of-calcium solution is an excellent remedy. In surgical operations and in large clinics, on the contrary, its use is not advisable, as it destroys any instrument with which it may come in contact.—*Eira*, xvi, 24, pp. 762–770, Stockholm, 1892.

On the Clinical Diagnosis and the Treatment of Intestinal Occlusion.—In the opinion of J. A. HEDLUND, as a result of the investigations and study of the treatment of intestinal occlusion, during the last few years, it would appear, on the one hand, that the non-operative measures, as well as the palliative remedies, known to all physicians, should not yet be discarded, but that, on the other hand, operative intervention would appear most rational, when there is an actual occlusion or intestinal stenosis. It is hardly to be presumed that these would cede to lavage of the stomach, to injections, nor to any internal remedies; and if it should sometimes happen that any of these means should have the desired effect, it would

seem that the danger connected with their employment would be equally as great as that consequent upon a laparotomy, performed at an opportune moment and with the most scrupulous precautions.—*Hygiea*, liv, 11, pp. 429–455; 12, pp. 485–498, Stockholm, 1892.

Researches on the Absorption and the Elimination of Mercury in Persons Treated by Friction.—In consequence of the investigations made by E. WELANDEN, he believes himself justified in advancing the following conclusions: 1. During frictions with the blue ointment mercury is absorbed through the skin to a considerable extent. 2. When the gray ointment is applied to the skin, at a suitable temperature, in a bed permeated with the warmth of the body, for instance, a vaporization of the mercury is induced, which is afterward absorbed, to a great extent, through the skin and the lungs. 3. In comparing the quantity of mercury absorbed during friction with the blue ointment with that absorbed on simple application, it is proven that in the latter case the quantity is much greater than in the former.

The author demonstrates practically that in treating a syphilitic by mercurial frictions an excess of the blue ointment should be used, so that a slight quantity will remain as an application to the skin, which residue should not be removed on washing.—*Hygiea*, liv, 10, pp. 326–345, Stockholm, 1892.

Ptomaines in the Urine in Cystinuria.—In relation to a case of cystinuria observed by E. BODTKER, it is worthy of notice that the quantity of ptomaines was so small that it was very difficult to separate them. After a lapse of two months he was unable to determine the presence of ptomaines in the urine, but he found cystin instead. This would, therefore, prove that the assertions of von Udransky and Baumann, that cystinuria is invariably associated with the presence of ptomaines in the urine, are unfounded. —*Norskmagazin for Lagevidenskaben*, liii, 11, pp. 1220–1224.

On the Digestion by Means of Trypsin.—The results gathered by the researches of S. G. HEDIN may be summed up in the following conclusions: 1. During the digestion of uncooked fibrin with trypsin there are formed, in addition to the already known products, peptone, tyrosin, leucin, asparaginic acid, and ammonia; also two basic bodies, lysin and lisatinin; and, moreover, probably even glutaminic acid. 2. He has also obtained a fluorescent substance which gives a crystalizing chloride. As, however, a similar substance appears even at the auto-digestion of a pancreatic extract, it is not allowable to declare for a certainty that this substance is a product of digestion by trypsin. 3. Whether substances of the nature of xanthin are formed during the digestion is a question that must be left undecided, as the small quantities obtained may possibly originate from the pancreatic fluid extract. 4. It would appear that cystin is not formed during the digestion, wherefore it is probable that the quantity of cystin obtained by Kübz has arisen from, or has been contained in, the added glandular substance. 5. The amidic acids—tyrosin and leucin—formed during digestion are equally active and identical with the amedic acids obtained on decomposing of albumen by means of hydrochloric acid, etc.—*Academical dissertation for the doctorate in medicine.* 45 pp., 4to. Lund, 1893.

United States.

DR. DUJARDIN-BEAUMETZ AND DR. DUBIEF,
EDITORS OF THE DEPARTMENT OF GENERAL THERAPEUTICS.

All books, theses, monographs, etc., upon the above subject, should be sent to

DR. DUJARDIN-BEAUMETZ AND DR. DUBIEF,
No. 8 rue Taylor,
Paris, France.

Strychnine and Picrotoxin. KEENER recommends the treatment of alcoholism by subcutaneous injections of the following solution:—

Nitrate of strychnine,	gr. ij	(0.12 gramme).
Picrotoxin, . .	gr. j	(0.06 gramme).
Boiling water, . .	℥j	(30.00 grammes).

In the beginning about 10 drops are injected, and the dose is increased by 2 drops at each injection, until the time when a slight dizziness or a constriction of the throat is felt by the patient after the injection; this usually occurs after an injection of from 16 to 20 drops. The dose is then to be diminished until the cessation of the above-mentioned symptoms; the dose thus reached being continued until symptoms of intoxication again occur, which is generally the case after from seven to ten days. The dose is then very gradually diminished until it only consists of several drops, after which the subcutaneous injections are to be entirely omitted. The following solution is also to be taken internally:—

Bichloride of mercury, ...	gr. i–ij	(0.06–0.12 gramme).
Fluid extract of kola, ...	ʒj	(4.00 grammes).
Fluid extract of cactus grandiflorus, . .	℥j	(30.00 grammes).
Fluid extract of arnica, ...	ʒiiss	(10.00 grammes).
Tincture of aloes, ...	ʒij	(8.00 grammes).
Tincture of India hemp, ...	℥ss	(15.00 grammes).
Distilled water, sufficient quantity to make	℥iv	(120.00 grammes).

To be taken in teaspoonful doses every two hours during the day. This is to be continued during the entire period of the injections and for several days after their cessation, after which a tonic of iron, quinine, and strychnine (in any form, perhaps combined with iodide of potassium) is to be taken for one month. Attention must be directed to having the patient's bowels move regularly, and to the fact that a sufficient quantity of urine should be secreted.—*St. Louis Medical and Surgical Journal*, June, 1893.

United States.

PROF. H. OBERSTEINER,
EDITOR OF THE DEPARTMENT OF DISEASES OF THE SPINAL CORD.

All books, theses, monographs, etc., upon the above subject, should be sent to

PROF. H. OBERSTEINER,
XIX Döbling,
Vienna,
Austria.

Subcutaneous Injections of Cerebrine in Tabes.—G. HAMMOND has given subcutaneous injections of cerebrine in the treatment of tabes, and has been convinced of their efficacy, although at first he was very doubtful as to the good to be derived from their use. Already, one week after the beginning of the injections, a slight improvement was noticeable, which later progressed steadily until the patient's sexual functions had been perfectly restored. He had complete control over his bladder and bowels, the sharp pains had disappeared, his general health had improved, he was able to run up and down stairs, and

could stand fairly steady with his eyes closed. The knee-jerk, however, had not returned.

J. Collins has employed injections of cerebrine, as prepared by Gibier, in a few cases of locomotor ataxia; the improvement in these cases was about equal to that in Dr. Hammond's patient.—*New York Medical Journal*, April 22, 1893.

Clinical Notes from Russian Literature.

By P. J. Diaconoff,

Moscow, Russia.

(Collaborator.)

Two Cases of Vladimiroff-Miculicz's Operation.—T. Saritcheff communicates two cases of Vladimiroff-Miculicz's operation, of which one was in the case of a woman, aged 37, affected with a serpiginous ulcer of the sole of the foot. The patient was cured, and entirely recovered the use of her foot. Another patient had on his heel a granular surface which remained after a traumatism, and would not heal. The operation was performed on the 4th of June, and on the 20th the foot was amputated on account of gangrene having set in. Recovery followed. The author states that eighty-two cases of the Vladimiroff-Miculicz operation are cited in the literature of the subject, of which fourteen were performed by Russian surgeons.—*Chirurguitcheskaia Létopiss*, No. 1, 1892

Pylorectomy.—T. Lang reports the case of a patient, aged 33, upon whom this operation was performed, by Professor Sklifossovsky, for cancer of the stomach. The portion removed was a full third of this organ. Recovery.—*Chirurguitcheskaia Létopiss*, No. 2, 1892.

Two Cases of Subhyoid Laryngotomy.—Two cases of this operation have been published by Jaxovleff and Sklifossovsky, which were performed according to Malgaigne's procedure. M. Jaxovleff operated upon a patient, aged 25, of strong constitution, who had a sarcoma of the retropharyngeal space. Ten days before this operation he had been subjected to tracheotomy. The laryngotomy was performed with Trendelenburg's tampon; after the operation a stationary sound was introduced into the stomach, which was removed two days later. The patient was nourished exclusively by means of the sound during eighteen days. Complete recovery. The tumor removed weighed 57.5 grammes, and the dimensions were 5.4 by 6 and 9 by 3 centimetres.

Sklifossovsky's patient, aged 43, had a sarcoma situated upon the anterior surface of the chest, extending from the first to the fourth cervical vertebra. The operation was also preceded by tracheotomy, and performed

[1] Received too late for publication in the 1893 issue of the Annual of the Universal Medical Sciences.

with Trendelenburg's method. A sound was not introduced after the operation, but one was used for feeding the patient. Sklifossovsky states that until now only thirty-two cases of subhyoid laryngotomy have been published. Of these thirty-two patients three succumbed to the effects of the operation and five to recurrences. The two authors strongly plead in favor of this operation, which admits of the easy reaching of retropharyngeal tumors, and, according to Sklifossovsky, of tumors of the root of the tongue as well.—*Chirurguitcheskaia Létopiss*, Nos. 1 and 3, 1892.

The Influence of Sunlight and of Electric Light on Pyogenic Microbes.—The experiments of P. A. KMELEVSKY show that electric light retards the development of pyogenic microbes, while sunlight kills them if they are exposed to it during six hours. The staphylococcus aureus lives the longest. The virulence of pyogenic microbes is diminished under the influence of light.—*Vratch*, No. 20, 1892.

On the Etiology of Acute Suppurations.—N. A. STCHEGOLEFF has derived the following conclusions from his experiments: 1. Suppuration may be caused by chemical substances, without the presence of any micro-organisms. 2. In suppurations induced by microbes the pyogenic products are derived from chemical substances most probably contained within the microbic cells. 3. Bacterial or non-bacterial suppuration is always followed by a leucocytous inflammation, which ordinarily precedes the formation of an abscess. 4. The presence of micro-organisms can always be demonstrated in all cases of acute suppurations.—*Inaugural Dissertation*, St. Petersburg, 1892.

A Rare Case of Echinococcus.—A. ZAITZEFF publishes a rare case of echinococcus situated near the spinous process of the third spinal vertebra, between the large muscles of the back. The patient was 47 years of age; he recovered entirely after the operation.—*Chirurguitcheskaia Létopiss*, No. 1, 1892.

On the Treatment of Tuberculosis by Injections of Chloride of Zinc.—A. SAKAROFF communicates the results of the treatment of tuberculosis by injections of a solution of chloride of zinc, according to the method of Lannelongue, as practiced at the surgical clinic of Professor Sklifossovsky, in Moscow. The total number of cases was nine; in the four following cases the results were negative: 1. A patient, aged 21, attacked by tuberculous adenitis with fistulæ,—twenty-two injections of 5-per-cent. solution, 5 drops at a time. 2. A girl, aged 13, with non-suppurating tuberculous adenitis,—ten injections of a 10-per-cent. solution. 3. Tuberculous coxitis in a boy of 4 years,—six injections of a 5-per-cent. solution; resection of the coxo-femoral articulation was afterward performed. 4. Synovitis genu fungosa,—seven injections of a 10-per-cent. solution, and of the 5-per-cent. solution; a little later, resection of the knee. In four other cases the result was uncertain: 1. Synovitis genu in a boy aged 5 years,—seven injections of a 3-per-cent. solution, and bandaging with an elastic bandage; the tumor of the joint diminished in size. 2. Synovitis articulationis tibio-tarsalis in a patient aged 20 years,—four injections of a 10-per-cent. solution, and a bandage;

medical treatment with guaiacol; improvement. 3. The same affection in a soldier aged 24,—two injections of a 10-per-cent. solution, and the same medical treatment; considerable amelioration of the condition. 4. Synovitis cubiti in a girl aged 6 years,—twelve injections of a 2-per-cent. solution; improvement. Finally, in the case of a boy of 6 years, having tuberculosis of the coxo-femoral articulation, as well as of the knee-joint, excellent results followed six injections of a 3-per-cent. solution.—*Chirurguitcheskaia Létopiss*, No 5, 1892.

Two Cases of Extraordinary Calculi of the Urethra.—P. Nicolsky and T. Kourbatoff have cited two cases of unusual calculi of the urethra. Nicolsky's patient was 8 years old, and had been ill five years. Eleven calculi (phosphates) were extracted, of which one was located in the bladder and ten in the urethra. The common weight of these calculi was 46 grammes: the one taken from the bladder weighed 15 grammes; the smallest of the urethral calculi 2 grammes, and the largest 5½ grammes. Recovery was complete. The patient treated by Kourbatoff was 42 years of age. At the age of 14 lithotripsy had been performed, and during twenty-two years he was in perfect health; therefore, the stone which he carried was six years in developing. It occupied the urethral diverticulum, and by its pressure caused atrophy of the testicle, which was removed during the operation. The calculus was phosphatic, and weighed 13 ounces. Its dimensions were nine and a half by nine centimetres.—*Chirurguitcheskaia Létopiss*, No. 1, 1892.

Echinococcus of the Spleen.—Y. Soumarokoff and N. Trinkler have published two cases of echinococcus of the spleen. In the first case the patient was 21 years old; he was operated upon by Postnikoff. The operation for excision of the cyst was performed in two sections. The patient recovered. In Trinkler's case the patient, aged 46, was operated upon by the same method. Recovery.—*Chirurguitcheskaia Létopiss*, No. 3, 1892.

On the Treatment of Inoperable Malignant Tumors by Pyoktanin.—P. T. Diakonoff, after referring to the use of pyoktanin in malignant tumors, as described in the literature of the subject, communicates his personal observations: 1. A peasant, aged 58, having inoperable (recurring) cancer of the right cheek and right eyelids. During two months and a half 18 injections of the solution of blue pyoktanin (Merck's). The tumor noticeably diminished in size; the ulcers became granular and began to cicatrize. The general condition improved. 2. An extremely emaciated and anæmic patient, aged 41, was attacked by cancer of both breasts. The tumor became ulcerated in places, and there was a large number of degenerated ganglions in the subclavicular and axillary spaces on both sides of the body. Frequent and abundant hæmorrhages; the pains were most severe. During six months 52 injections of blue pyoktanin were given, using as much as 6 grammes at a time. After the first injections soft spots made their appearance in the neoplasm, from which a blue liquid exuded. Microscopic examination of this liquid showed the contents of the fatty drops, *i.e.*, round-cells, in a state of fatty degeneration and particles of neoplasm. The effect of this

treatment was considerable diminution of the tumors, cessation of hæmorrhages and of pain, and the general condition became so much improved that the patient, who before was obliged to remain in bed, was able to go out and to resume her ordinary occupations. 3. A woman aged 58. Recurring fibrosarcoma, located in the region of the parotid gland and extending to the subhyoid region on the right side; paresis of the right facial nerve and deafness of the right ear. Twenty-three injections, up to 6 grammes, during four months. Marked diminution of the tumor and the formation of softened spots. Hearing was established, but very little improvement was noticed in the general condition. After four months the patient succumbed to a metastasis of the liver. These injections were, besides, given to several other patients, who were subjected to the treatment during a shorter period of time. Some improvement was noticeable in all, and the cessation of pain was particularly marked. The injections themselves were not painful. The solution made use of in all these cases was of 1 : 500–300.—*Chirurguitcheskaia Létopiss*, No. 1, 1892.

A Case of Resection of the Intestine.—A. DEKANSKY describes a case of resection of the intestine, for intestinal occlusion, in a peasant woman aged 40. Recovery. The operation was performed the fourth day after the development of the trouble, and when the patient was already in a state of extreme exhaustion. The case is particularly remarkable for the length of intestine removed, which was twenty-two centimetres.—*Chirurguitcheskaia Létopiss*, No. 5, 1892.

Replacement of the Disc of the Cranium After Trephining by a Piece of Decalcified Bone.—L. DARKCHEVITCH and V. VEIDENGAMMER have made a series of experiments on rabbits, and have concluded as follows: A portion of decalcified bone inserted into the disc of the cranium after trephining is, after a short time, replaced by normal bone, while at the same time neither a bony collar or ridge, nor osteophytes, nor any adhesion between the dura mater and the brain is produced. The absence of the periosteum over the decalcified bone when the dura mater is intact in no way influences the ossification. The nature of the ossification of the decalcified bone remains as yet unexplained.—*Vratch*, Nos. 28 and 29, 1892.

Multilocular Cyst of Right Ovary in a Girl Aged Thirteen and a Half.—L. ALEXANDROFF has removed a multilocular cyst of the right ovary in a girl aged 13½ years. The cyst contained more than 10 kilos (22 pounds) of a colloid liquid. The patient recovered. The case is interesting owing to the rarity of ovariotomy in children. According to the author only thirty cases are mentioned in the entire literature of the subject, in five of which death occurred.—*Chirurguitcheskaia Létopiss*, No. 1, 1892.

Recent Suggestions in Therapeutics.

Asthma.

When stomach not irritable: ℞ *Tincture of belladonna*, ♏v (0.30 gramme): *fld. ext. of quebracho*, ʒj (4 grammes). In one dose, following this up with 20 drops of same mixture every twenty minutes until relief. (Buster, *Courrier-Record of Medicine*, July, 1893.)

Diphtheria.

To prevent extension of: Verify diagnosis by *at once* submitting exudate of any suspicious case to bacteriological examination. Isolate the patient in room furnished with necessary articles only, and easily ventilated. Food brought to door; nurse and physician only to enter room. Discharges from nose and mouth to be received on cloths and immediately burned, and excreta disinfected with *corr. sublimate* or *copperas*. If bacteriological examination negative, these precautions need not be continued. People living in house, their clothes, etc., sources of danger to others, should be watched legally if possible. Physician to wear hood, blouse, overalls, etc., to enter room; these to be disinfected between visits. Should disinfect his hands before leaving house. Atmosphere of room to be kept as aseptic as possible by means of volatile agents, but in solutions sufficiently weak to avoid irritation of patient's respiratory tract. *Eucalyptus*, *turpentine*, *carbolic acid*, *creasote* or *tar* may be added to water kept simmering in the room. All in any way connected with patient should frequently use antiseptic gargles. No child should be allowed to attend school until all danger of contamination, according to physician's opinion, has passed. (Beverly Robinson, *New York Medical Journal*, August 5, 1893.)

Gunshot Wounds of Abdomen.

1. In all cases in which signs of injury of the stomach or intestine or of profuse internal bleeding are presented immediately after injury, prompt laparotomy imperatively indicated. 2. Operation especially indicated in every case in which direction taken by bullet leads to possibility of existence of wound of stomach. In 99 per cent. of latter cases, death occurs if expectant plan adopted. 3. Laparotomy should be performed as soon as possible after injury, every hour rendering prognosis more unfavorable. 4. Promptness of action even more imperative in military surgery. 5. Hæmorrhage due to gunshot wound of liver or spleen should be arrested by plugging under laparotomy. 6. Operative interference and extirpation in cases of gunshot wound of kidney indicated only by profuse and persistent hæmorrhage. 7. Wound of ureter may heal spontaneously; complete section requires stitching, and, if failure, nephrectomy. 8. Gunshot wound of bladder always requires suprapubic section; closure of wound by sutures and retention during the healing of urethral catheter. (Von Bramann, *Centralblatt für Chirurgie*, No. 30, 1893.)

Hæmorrhage.

Epistaxis, hæmoptysis, or uterine hæmorrhage: 20 grains (1.3 grammes) *ipecac* powder as bolus before taking food, and, if practicable, early in the morning. On empty stomach, no *laudanum* or sinapisms necessary to avert emesis. Recumbent position to be enforced. Supersedes all hæmostatics for hæmorrhage from bleeding surfaces. (Sied Ismail, *Indian Medical Record*, August 1, 1893.)

Hypertrophic Rhinitis.

As substitute for galvano-cautery "saw a line the length of the turbinated to the bone," followed by introduction of pledget of cotton soaked in strong solution of *aluminum aceto-tartras*. Remove cotton next day, after softening it with warm alkaline solution. Thin saw or dull knife may be employed for procedure. (E. J. Brown, *Northwestern Lancet*, August 1, 1893.)

Pleurisy.

To prevent extension of exudation: Absolute rest, in the recumbent position, until temperature has been normal for eight days, the heart and respiration being the guides as to increase of fluid. No movement to be permitted for the purpose of examining the chest or for any other object. Striking results reported. (Volland, *Therapeutische Monatshefte*, July, 1893.)

Pneumonia.

In 755 cases Pétresco, of Bucharest, reduced mortality to 1.22 per cent. by means of strong infusion of *digitalis*, the daily quantity administered being equal to 1 to 2 ounces (30 to 60 grammes) of the U. S. P. tincture,—or 1 to 2 drachms of the leaves. Cuts early cases short, and favorably influences later cases. Shattuck observed prompt distinct effects follow *digitalis* hypodermatically,—30 minims (2 grammes) of tincture. Main danger during first stage is loss of strength. Immediate rest and purgative. For pain and restlessness, morphine used freely hypodermatically in first and second stages. It renders possible administration of oxygen when otherwise it would seem advisable to withhold it. If rapid invasion of lung-tissue and great dyspnœa, venesection. Loss of function of portion of lung subordinate to cardiac exhaustion, due in turn to toxæmia and resistance in right chambers. Hence, nerve-force to be supported by avoidance of all unnecessary fatigue, and administration of most nutritious food that can be digested. Atmosphere of room to be maintained pure. *Oxygen* inhalations when sufficient air to arterialize the blood is prevented from reaching alveoli, resulting from excessive secretion in bronchial tubes and lung consolidation, *i.e.*, when cyanosis. To be used as freely as possible. To stimulate flagging heart, *alcohol*, *strychnia*, etc. Latter to be given hypodermatically to limit of toleration, 1-20 to 1-40 grain (0.003 to 0.0015 gramme). H. C. Wood highly recommends *cocaine* as an adjuvant to *strychnia*. During most dangerous period, that following crisis, rapid stimulation, *alcohol* and *ammonia* internally, heat to surface, *brandy* and *ether* under the skin. In delayed resolution, supporting treatment. (Shattuck, *Boston Medical and Surgical Journal*, August 10, 1893.)

Puerperal Convulsions.

Hypodermatic injection of large doses of *sulphate of morphia*, ½ to 1 grain (0.035 to 0.07 gramme). (Hughson, *Virginia Med. Monthly*, July, 1893.)

Purulent Ophthalmia.

Carefully wash the eyes first; then: ℞ *Corrosive sublimate*, 0.02 gramme (gr. ⅓); *Syndenham's laudanum*, 0.5 gramme (♏viii); *distilled water*, 150 grammes (℥v). A few drops to be instilled every two hours, then every hour. No cauterization to be employed. Catarrhal symptoms soon begin to disappear. If slight conjunctivitis remain: ℞ *Sulphate of zinc*, 0.05 gramme (gr. ¾); *boric acid*, 4 grammes (ʒj); *distilled water*, 100 grammes (℥iiss). To be used every two hours, in the same manner as the previous solution, and alternating with it. (Crocq, *Journal de Médecine et de Pharmacologie*, August 19, 1893.)

Seasickness.

Chlorobrom in small doses. After first stage of acute vomiting, 1 drachm (4 grammes), followed by the same dose in an hour. Acts not only as an hypnotic, but also as a gastric sedative. (Bishop, London *Lancet*, August 19, 1893.)

Typhoid Fever.

Quinine in 5- to 10- grain (0.33 to 0.66 gramme) doses, even administered every three hours, useless as antipyretic. Should not be less than 30 or 40 grains (2 to 2.6 grammes) "within one hour." "*Phenacetin* decreases heat-production, the bath increases it; the one permits the source of thermogenesis to go on actively, the other represses it; the one fans the flame, the other smothers it.—Ott." *Phenacetin* highly recommended by author; its advantages decided. (Shingleton Smith, *The Clinical Journal*, August 23, 1893.)

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DR. C. E. SAJOUS,
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REVIEWS OF THE ANNUAL.

(From MEDICAL PRESS AND CIRCULAR of June 21, 1893.)

ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES: A Yearly Report of the Progress of the General Sanitary Sciences throughout the World. Edited by CHARLES E. SAJOUS, M.D., and Seventy Associate Editors. Illustrated with Chromo-lithographs, Engravings, and Maps. The F. A. Davis Company, Publishers, Philadelphia, New York, Chicago, and London. 1892.

This work consists of five royal octavo volumes, well bound, and printed in large, clear type, on good paper. Each volume contains an index of its contents, and besides this the fifth volume has an index of the entire work. This fifth year of publication finds the ANNUAL an established favorite with the medical profession, and it has won that enviable position by the untiring care that has been bestowed on its production from the first number to the present one. This edition contains a summary of the more important articles of 2166 journals, books, monographs, and so forth, published during the year. This immense mass of material is divided into 68 sections, each section being edited by one or more writers who are familiar with the subject of which the section treats.

By classification and a good index all trouble is saved the reader, who need only know subject, title, or author to acquire the desired information. And there is almost no subject connected with medicine that does not find a place in this great ANNUAL.

The first volume is occupied with diseases of the respiratory, circulatory, and alimentary systems; the second with diseases of the nervous and genito-urinary systems; the third with the surgery of the cranial, thoracic, and abdominal cavities; the fourth with diseases of special organs microscopy and bacteriology; the fifth with general and experimental therapeutics, hygiene, teratology, anatomy, and physiology.

The work is essentially a practical one, and well suited for general medical practitioners. We would in this connection call attention to the sections on scarlatina and measles, diseases which especially lie within the province of the family doctor. In such diseases, to be familiar with all the recorded complications is often to save and enhance the prescriber's reputation, whereas want of familiarity with them incurs the risk of being superseded by some other physician.

Progress cannot be made in medicine without reading and careful study of cases. The most advantageous reading is that which is selected by competent authorities, and this selection in every branch of medical science is made for the reader by Dr. Sajous and his staff, which includes the best-known specialists in Europe and America. Every civilized country in the world is represented on the staff, and contributions come in almost every written language.

Having the ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES, the physician has secured a carefully-selected, well-arranged, triple index, epitome of the medical literature of the world for the last year. He is provided with a chart of incalculable value, in which are marked the depths and shallows of the art of medicine. He avoids wreckage, and steers for success under the guidance of men who have given proof of their capacity to lead.

☞ The 1893 ANNUAL has been issued, and orders for it can be sent to the publishers, 1914–16 Cherry Street, Philadelphia.

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Original Communications.

ETIOLOGY AND TREATMENT OF URIC-ACID GRAVEL.

By F. Levison, M.D.,
COPENHAGEN, DENMARK.

During the last few years physiologists have made some important steps forward in the comprehension of the laws of nutrition, and the experiments of many authors have proved that our old theories as to the oxidation of the proteids in the body were erroneous. As the etiology of diseases of nutrition was founded on these theories, it is now necessary to revise this etiology and to determine whether clinical experience in these diseases agrees with the results of the laboratories. In the following pages I will endeavor to show how opinions upon the subject of uric-acid gravel have been changed during the last few years, and how this change has also influenced the current ideas as regards the treatment of the disease.

As long as it was commonly believed that uric acid was formed by decomposition and oxidation of the proteids introduced with the food, and that it could be further transformed by oxidation into urea, it was obvious that an alimentation containing too large a quantity of albuminoids, and all diseases by which the oxidations in the body are retarded, must be considered as etiological factors tending to increase the proportion of uric acid in the blood and in the urine, and consequently leading to gout and uric-acid gravel. Recent investigations have proved that the amount of uric acid secreted in twenty-four hours is not proportional to the ingested albuminoids, as it does not greatly increase after large meals and is secreted even during fasting, although in somewhat reduced quantity, but can be doubled or tripled by ingestion of large quantities of proteids and reduced to almost nothing by starvation.

The experiments of Horbaczewski have given strong evidence that uric acid is a product of the albuminoid substances contained in the cells of the body, and especially those of the nuclein, and that the effect of aliments on the formation of uric acid is only secondary, acting, through their influence, on the glands and plaques of the intestines. Horbaczewski succeeded in generating uric acid by decomposition of the nuclein contained in the leucocytes of the spleen, and the same result was obtained by decomposition of most of the tissues of the body, especially those which contained many leucocytes; but in both cases the decomposition must be checked before complete transformation sets in.

By ingestion of pure nuclein, or by its subcutaneous injection, the secretion of uric acid is largely increased in animals as well as in man; the digestion of a large meal, especially of animal food, produces a great increase of leucocytes in the blood (*Verdauungs-Leucocytose*), and this is very soon followed by a proportional increase of the amount of uric acid in the urine. The number of leucocytes, as well as the secretion of uric acid, is reduced by fasting during the first thirteen to fifteen hours, but after that time both remain at the same point for several days, even if the fast is continued.

Vegetable food produces digestive leucocytosis much later than animal food, and such is also the case with the increased secretion of uric acid; but the total amount of uric acid secreted in twenty-four hours seems not to differ considerably, whether the food be exclusively vegetable, animal, or mixed.

Several poisons, such as pilocarpine, carbonic acid, and phosphorus, increase the number of leucocytes in the blood and the secretion of uric acid, while others, as quinine, diminish both, and alcohol in its different forms seems to produce an increase of uric acid.

By very careful experiments von Jaksch has proved that in certain diseases, such as pneumonia and leukæmia, the blood, which contains an anomalous quantity of leucocytes, is also loaded with uric acid. In many cases of renal diseases he also found uric acid in excess in the blood, but in these cases the increase seemed to depend on a retention of the uric acid, and not on its exaggerated production.

Roberts has recently published a most interesting series of experiments on the properties of the urine favorable to the liberation and precipitation of uric acid. This substance seems to circulate in the blood and to be secreted by the kidneys in the form of a soluble quadri-urate of sodium, which is easily decomposed into uric acid, and a bi-urate when the urine contains a very large proportion of the quadri-urate, when it is very acid, and when the urine contains too small quantities of phosphates, of pigment, or of chlorides. As the uric acid is almost insoluble in water, its liberation is instantaneously followed by precipitation.

While Roberts's experiments have elucidated the chemical conditions of the urine which may produce the precipitation of uric acid after evacuation of the urine, or in the kidneys, there are still many obscure points in the etiology of renal lithiasis. The uric-acid concretions do not consist only of uric acid, but, as Ebstein has fully proved, even the smallest concretions,

such as the uric-acid infarctus in the kidneys of newborn children, have a substratum of albuminous matter arranged in concentrical layers interrupted by radial sectors, in which substratum the uric-acid crystals are imbedded. The question now arises, Where is this albuminous matter secreted, and what is the origin of it? In order to answer this it will be necessary to consider the experiences of different authors, by which it has been proved that uric acid may be precipitated in the tubuli uriniferi and even in the convoluted tubules, and that its presence there produces an irritation of the epithelial lining of the tubules.

Ebstein has examined several cases of uric-acid infarctus in newborn children, and found that the granules of the infarctus were exactly like the larger concretions of uric acid, and that they could be found not only in the pyramids, but even in the tubules. Martin and Ruge examined the urine of twenty-four newborn children, which contained albumen in almost all cases, and whole hyaline casts were demonstrated in fourteen. They regard this as a consequence of irritation of the kidney by uric-acid infarctus.

Ultzmann and Leube have frequently found, in otherwise healthy adults, albuminuria combined with precipitation of uric-acid crystals; and several of the patients whom Leube describes as suffering from "periodical or physiological albuminuria" were later attacked by renal colic and evacuated concretions of uric acid.

Jolles examined many specimens of urine, immediately after evacuation, by the aid of a centrifugal apparatus, and observed that the precipitation of uric-acid crystals, especially when this precipitation continued for some days, was always combined with the presence of hyaline casts, although no other symptom of renal disease could be detected.

Mygge observed the urine of 232 patients, of whom 32 presented a manifest and continued precipitation of uric-acid crystals. In 21 of the cases there was also albuminuria; while of 25 cases, in which microscopical examination of the sediment was made, 24 presented casts and epithelial cells from the kidneys and 1 only epithelial cells. He further found that the number of the casts was almost constantly proportional to the degree of uric-acid precipitation.

For several years I have examined with the microscope the sediments of urine from patients suffering from real or suspected renal lithiasis, and in a large number of cases, especially when the precipitation of uric-acid crystals continued for some time, I observed the coexistence of uric-acid crystals and hyaline or granular casts; sometimes the uric-acid crystals were seen to be imbedded in or precipitated on the casts, even if the sediment was separated by the centrifugal apparatus a few minutes after the evacuation.

It is not only the uric-acid crystals which have the power of irritating the kidney in this manner, but the same concurrence of symptoms may be observed by the precipitation of oxalic-acid crystals, as some of my experiments have proved. I have succeeded in causing the formation of casts by the precipitation of uric acid. This experiment was made upon myself, as I suffer from an inherited tendency to uric acid, which can only be controlled by the constant use of alkalines. On February 18, 1892, the urine

thigh. Constipation is often observed, and must be considered as a nervous reflex. A young woman, suffering from obscure symptoms of uric-acid gravel, had for years been treated for constipation without success, but was very soon relieved of this annoyance when her renal disease was treated with alkalines.

In many cases there is some psychical depression, but I have observed no case in which this depression had the character of a real psychosis.

The urine of these patients always contains crystals of uric acid immediately after evacuation, but is ordinarily clear and precipitates no other sediment than some clouds of mucus, which very soon descend to the bottom of the glass; the urine is acid and retains this quality for days and sometimes even for weeks. When it is collected in a high glass a small stratum of crystals will gather after a short time at the bottom of the glass, but they can be quickly separated by the use of the centrifugal apparatus. The sediment consists of uric-acid crystals, generally very large and forming rosettes of considerable size; amongst the crystals may be seen many leucocytes, epithelial cells from the kidneys, and very often hyaline or granular casts or fragments of them. The urine should be examined immediately after evacuation, and the best time to make the examination is in the morning, before the first meal, as the urine is then strongly acid and contains more crystals than that evacuated after a large meal, which in that way may be made neutral or even alkaline (Roberts).

The symptoms mentioned above are always occasioned by the precipitation of uric acid in the kidneys, and will sometimes, when not properly treated, be followed by attacks of renal colic; this is, however, not always the case, as very often the disease may continue for years without severe attacks; but the disposition to it is not easily removed, and to avoid disagreeable symptoms the patients are compelled to continue the use of alkalines and to be careful as to diet.

The treatment of uric-acid gravel must be essentially preventive and tend to give to the urine the chemical properties necessary to keep in solution the quantity of uric acid formed in the body. As it was formerly believed that the secretion of uric acid was proportional to the quantity of proteids introduced with the food, it was generally advised to lessen the consumption of nitrogenous foods, but to make free use of such as are comparatively poor in albuminoids. As all recent experiments tend to prove that the secretion of uric acid is in no way proportional to the ingestion of proteids, there is no reason to put patients on a poor diet, but they may be allowed a mixed diet. As the deposit of uric acid is greater when the urine is scanty, hyperacid, and rich in urates, and as these conditions are produced by fasting, and every meal renders the urine more neutral or even alkaline, the patients should take their meals within an interval of four hours, as in that manner it will be possible to keep the urine neutral during the whole day, and it will be only necessary to employ remedies to maintain it feebly alkaline during the night.

While there is no reason to object to special aliments, alcohol in any form should be regarded as dangerous. It always increases the decompo-

sition of the nuclein and, consequently, the secretion of uric acid, and as phosphoric acid is liberated by this decomposition it also renders the urine more acid. Chittenden observed that he could increase the proportion of uric acid in the urine of dogs by giving them alcohol, and I have repeatedly observed the same effect in man. A patient who ordinarily secreted 0.6 gramme (9¼ grains) of uric acid in twenty-four hours secreted, after a moderate use of alcohol, 0.9918 gramme (15 grains) in twenty-four hours; and on another occasion the same man evacuated, after a similar use of it, urine which precipitated a great number of uric-acid crystals, aggregated in large rosettes, while ordinarily his urine was clear.

As the hyperacidity of the urine has always been regarded as the most important cause of precipitation, the medical treatment consists mainly in the prescription of antacid medicines, in taking which the patients should regulate the doses by the use of litmus-paper. The urine being always more acid in the morning, after the fasting hours of the night, if at that time it is neutral or feebly alkaline the effect of the meals will be sufficient to depress the acidity for the remainder of the day; the right time, therefore, to take antacids is at bed-time. When the litmus-paper shows it necessary to repeat the dose of carbonate of sodium, citrate of potassium, or other antacid, this may be done without harm. It must be remembered, however, that muscular exercise, *cæteris paribus*, increases the secretion of uric acid. A man about 48 years old secreted, after some hours' riding or cycling, from 0.981 to 1.089 grammes (15 to 17 grains) of uric acid in twenty-four hours, while the daily secretion was ordinarily only 0.6 gramme (9¼ grains). When patients wish to take much exercise they must, therefore, increase the daily doses of antacids.

The different mineral waters, as a remedy against uric-acid gravel, have formerly been classed according to their solvent power; this, however, is not a method calculated to elucidate the real effects of the mineral water in the body. Pfeiffer and, recently, Fürst have substituted another test. A healthy person is made to drink 700 cubic centimetres (1½ pints) of the mineral water, and the urine which he evacuates, after some hours, is examined with regard to its solvent force. Two hundred cubic centimetres (6¾ ounces) of the urine is poured upon 0.5 gramme (7½ grains) of dry uric acid and digested with it for fifteen to twenty minutes, at a temperature of 37° C. (98.6° F.), when the uric acid is separated from the liquid, dried, and weighed.

The following are the results obtained by Fürst:—

Normal urine liberated uric acid.

Urine after the use of Assmannhausen (feeble sodium and lithium spring) liberated uric acid.

Urine after the use of Wiesbaden Kochbrunen (chloride of sodium) liberated uric acid.

Urine after the use of Salzschlief Bonifacius (chloride of sodium and lithium) liberated uric acid.

Urine after the use of Fachinger (bicarbonate of sodium and calcium) dissolved 0.043 gramme ($\frac{13}{20}$ grain).

Urine after the use of Vichy (various bicarbonates) dissolved 0.025 gramme ($\frac{3}{8}$ grain).

Urine after the use of Wildungen (various bicarbonates and chlorides) dissolved 0.024 gramme ($\frac{13}{17}$ grain).

These experiments seem to prove that the Fachinger water is the most potent spring for the treatment of uric acid. Piperazin has been much commended for the treatment of gout, as well as of uric-acid gravel. I have tried it in some cases, and found that it acted only as an organic base by which the urine may be rendered alkaline, while it has no special power of dissolving uric acid or influencing its secretion.

Colasanti found glycerin available as a solvent, and recently Hermann has given it in doses of 50 to 100 centigrammes (7½ to 15 grains) dissolved in as much water. This dose was given twice or thrice a day, and some hours after each dose he observed that the patients complained of pain in the renal region, sometimes increasing to renal colic, followed by evacuations of concretions; healthy persons, however, were not affected.

In some cases where the deposit of uric-acid gravel seems to depend on an excess of uric acid, and where there is reason to believe that the blood contains an exaggerated quantity of leucocytes, it is desirable to give remedies which may restrain the exaggerated formation and decomposition of the leucocytes, such as iron, quinine, and especially arsenic. Arsenic has been much commended by Laache; and in some severe cases of gravel in children, where the alkalines were not sufficient to prevent the attacks of pain, I have obtained good results by combining the alkaline treatment with arsenic. The children were relieved from the pain caused by the concretions, and after a short time the urine did not contain as large a quantity of uric acid as before. It must, however, be remembered that it is necessary to watch the patients very closely during the administration of arsenical preparations, as even moderate doses may sometimes cause very obstinate suffering when continued too long. Rasch has recently written some very interesting communications upon this subject.

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ON THE TREATMENT OF PLEURITIS BY CAPILLARY DRAINAGE.

By F. Eklund, M.D.,
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(Corresponding Editor.)

When one has always been successful in treating a disease it should be, in my humble opinion, an imperative duty to make known the procedure by means of which such results have been obtained, in order that occasion may be given to the profession to decide how far the claims may be legitimate. This is the more incumbent when the disease is a very common one, from which prompt recovery should be the rule.

The relation between the etiological and pathological conditions has recently been discovered, by means of clinical observations and post-mortem examinations, of pleurisy, but it may still be said that in many cases of this disease the presence of micro-organisms in the pleural cavity cannot be ascertained,—either by exploratory puncture, tapping, or even post-mortem. According to my experience, the majority of cases of acute pleurisy owe their origin to exposure to the vicissitudes of a variable and severe climate, —such, for instance, as that of our own country. It would be futile to deny that an ice-cold, piercing wind exercises as hurtful an influence upon the perspiring, weakened, and susceptible human body as do certain microbes. After some fifty-three years of experience I can safely say that there can be no more irregular or unsteady climate than that of Sweden on the face of the globe. There are numerous instances in my daily practice in which acute congestion of the pleura, with capillary hæmorrhages, serous exudation, and parenchymatous swelling, accompanied by severe chills, has been caused by sudden changes of temperature from summer heat to penetrating cold during the same day. Called to the bedside of a patient suffering from severe pains in his side and shaken by chills alternating with fever—symptoms of the suppression of the cutaneous evaporation—what is to be done? In Sweden German ideas dominate in medicine, and especially in therapeutics. In the treatment of pleuritis "cold, in the form of the dry ice-bladder, is recommended as an agent of inestimable value in all forms of pleuritis." ("Klinische Vorträge V. Respirationsapparat," p. 4, Lecture xix. Leipzig, 1890.) I have always hoped that this measure, which has caused much mischief and brought discredit upon the profession, would finally be rejected; but a recent writer ("Therapeutische Indicationen für interne Krankheiten," p. 39, by Dr. Siegfried Schweiger. Munich, 1893) states that the ice-bag and Leiter coils are most highly recommended. I have never made use of this treatment, and I feel myself called upon to caution against it. It is clear that the first and most important step is to restore the deranged or interrupted cutaneous function, and to immediately counteract a pleuritic exudation by the most energetic capillary drainage, being especially careful to keep open the lumina of the capillary vessels entering the pleural cavity. Heated cotton-wool meets all the requirements, consisting as it does of long, tubular hairs, forming a porous substance, with great

power of absorption. I apply immediately upon the chest a thick layer of this cotton-wool, covered with fourfold woolen material. This application is to be renewed every morning and evening. During the many years that I have made use of this measure I have never observed the appearance of a profuse pleuritic exudation, and slight and moderate exudations have, without exception, been comparatively quickly absorbed. An aperient forms an important element of the early treatment of a case. I prefer for this a warm infusion of senna-leaves or a warm "apozem" of alder-buckthorn to restore the interrupted cutaneous functions. It is necessary, for the same reason, that the patient remain in bed night and day; and I do not permit the bed to be made over before the stitches in the side have disappeared and the exudation has been thoroughly resorbed. The uninterrupted warmth of the bed is of the greatest importance in these cases, as is also abstinence from cold drinks. To relieve the pain, the region of the pains in the side should be rubbed with chloroform liniment [℞ Chloroform, 16 grammes (ʒiiss); camphorated oil, 60 grammes (℥ij)], or a subcutaneous injection of hydrochlorate of morphine may be given. For the same purpose, and with the view of causing profuse perspiration and also of strengthening the patient, I prescribe the following: ℞ Hydrochlorate of morphia, 0.10 gramme (gr. iss); pulverized camphor, 1 gramme (gr. xv); sulphate of quinia, 2 grammes (ʒss). To be divided into 20 pills, of which 2 or 3 are to be taken three times daily. I have also invariably had good results with the following salicylate-of-sodium mixture: Salicylate of sodium and extract of licorice, of each 10 grammes (ʒiiss); distilled water, 300 grammes (℥x). One tablespoonful to be taken five times daily. In the cases due to diplococci, the bacteria of Fränkel, to staphylococci, or streptococci pyogenes I have, from the very outset, applied the same cotton-wool treatment, and ever with the same success. By all this I do not mean to say that pleuritic exudations may not be spontaneously absorbed, nor will I deny that other methods of treatment—as, for instance, wet, cold, or warm dressings, or blisters—may bring about good results. It is only against the application of the ice-bag, in fresh cases of acute pleurisy, that I would enter an energetic protest.

SELF-MADE EUNUCHS.

By Robert Coltman, Jr., M.D.,

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(Corresponding Editor.)

A short time ago a surgeon in this city described a case he had seen the previous day that will probably seem unique to your readers. The patient was a young man, 22 years of age, who came to him for obliteration of the urethral orifice by a cicatricial scar. The penis and testicles had been cut off with a razor several months before by the patient himself. His reason

for this mutilation was that he was the only son of his father, and, having had a quarrel with him, he had, to spite him, thus deprived him of all hopes of descendants at one blow—the dearest hope known to an elderly Chinaman. Hæmorrhage at the time nearly killed the patient, but it was finally arrested by dust and flour applications and cicatrization gradually pro ceeded until the meatus left was entirely closed. An incision through the scar and directions to keep the mouth open, by constant passing of a catheter left in his hands, were all that was necessary.

I have just had a similar case. A woman brought her son, a stout young boy of 16, with the story that he had passed no urine for two days. This youth had an elder brother who had been made a eunuch at an early age, and was in service at the imperial palace. Knowing that his father depended on him (his second son) for descendants to worship at his grave, this lad, after a quarrel with his father, on the 23d of March, took a butcher-knife and cut off his penis close to the symphysis pubis. The hæmorrhage, which was severe, was arrested by his uncle with ice, and the wound was afterward covered with a mixture of beeswax and rosin. Cicatrization resulted in a thick, cartilaginous scar, which has gradually obliterated the orifice. I cut through with a tenotome until I found the urethra, and then enlarged the wound until I could pass a large catheter. The urine spouted out at once, and he was intensely relieved. Eunuchs are very numerous in this city, and nearly all suffer from obliteration of the urethral orifice. This frequently leads to the accumulation of phosphatic and uric-acid deposits in the track of what is left of the urethra and at the neck of the bladder. Two weeks ago a eunuch of 45 years of age was sent to me by Dr. Smith, of Tientsin, for treatment. He was brought in on a stretcher, with high fever, rapid pulse, distended bladder, and in great agony. He had been made a eunuch by his parents at 11 years of age in order to obtain a palace appointment and to support thereby his designing parents. Their scheme worked very well. He obtained the place and secured considerable money, but after his parents' death squandered it on himself. On examination I found the urethra stuffed with gravel and glued together with inspissated mucus, although the orifice was still partly patent. By washing I removed some of the concretions in the anterior part, and then succeeded, after some difficulty, in passing a small silver catheter into the bladder. I withdrew the instrument when the bladder was half emptied, and the flow of urine washed out numerous small, gravelly masses. Several days later, with a Gross ear-spoon with a long handle, I removed a number of small pieces of gravel from the urethra and, with Dr. Taylor, passed bougies Nos. 7, 9, and 13. These dilated the passage sufficiently to make him comfortable and insured his passing his own urine for some time. He was directed to come once a week to have a bougie passed, but this he has failed to do. The trouble in these cases comes from the manner in which the wound is treated after castration. The urethra is not slit up and stitched to the anterior surface of the wound, but is allowed to retract, and furthermore irritated by the applications used to prevent hæmorrhage and secure healing. The majority of eunuchs here have penis and testicles removed entire.

Great Britain & Colonies.

DR. W. A. EDWARDS,
EDITOR OF THE DEPARTMENT OF DIETETICS AND INTESTINAL DISEASES OF INFANCY.

All books, theses, monographs, etc., upon the above subjects, should be sent to
DR. W. A. EDWARDS,
Cor. Fourth and Fir Streets,
San Diego, Cal.,
U. S. A.

Treatment of Constipation in Infants.—SLATER suggests the use of well-boiled green food for constipation in infants, accompanied by the occasional administration of senna-tea or black draught to the mother.

LATHAM advises small doses of tinct. podophylli in a mixture with syrup and aqua anisi night and morning, supplemented each morning, if necessary, with an enema of soap and water administered with a small, continuous, rubber syringe which holds about two ounces, and which he believes is of German manufacture. When the child is older, if the trouble continue, he knows of nothing better than "cascada," a pleasant wine containing the active principles of cascara sagrada, and manufactured by Allen and Hanburys. This is readily taken by children, and is strongly recommended.

MACKAY uses, as the only treatment, a glycerin injection each evening, after the child's bath. Children soon get to like and expect the injection; a copious motion is the result.—*British Medical Journal*, March 4, 1893.

Poland.

DR. J. DRZEWIECKI,
Redaktor Korespondent z działu polskiej literatury tyczącej się: Medycyny ogólnej i lecznictwa; pediatryi; akuszerzyi; ginekologii; laryngologii; otologii; hygieny; demografii; medycyny sądowej; histologii; patologii; bakteryjologii; anatomii; fizjologii.

Wszystkie pisma lekarskie, dzieła, rosprawy, monografije, itd., w języku polskim wydane, a tyczące się przedmiotów powyższych, winny być nadsyłane pod adresem
DRA. DRZEWIECKIEGO,
87, Krakowskie Przedmieście,
Warszawa,
Królestwo Polskie.

Spasm of Glottis as a Symptom of Tetanus.—JULIAN KRAMSZTYK found, among sixteen children affected with spasm of the glottis, observed during two months, Trousseau's symptom present in all, and Hoostek's symptom in half the number, while some also showed increased nervous excitability. In the epidemics described by Escherich and Ganghofner spasm of the glottis was observed in 80 per cent. of the children affected with tetanus. The author concludes that spasm of the glottis is not a separate disease, but always appears in children as a symptom of tetanus.—*Medycyna*, No. 19, 1893.

The Relation between Insanity and Other Disorders.—LADISLAS KOHLBERGER states that the source of mental diseases is not only in the brain itself, but in all the organs. For this reason no pathological changes are found in the brain in many mental diseases, and when with time they do appear they are consecutive, but not primary. Hence mental disorders are deservedly classed as primary and secondary, although it is not always possible to determine their origin, nor to strictly distinguish whether we have to do with primary or secondary disease. At any rate, in examining and diagnosing the psychic condition of a man, we must closely and minutely examine the

whole organism, and not omit any change in any organ, though seemingly insignificant, since experience teaches us that very serious changes in the functions of the brain arise from insignificant changes, either in the nerves or in other organs. This rule is not always closely followed, and physicians very often do not minutely examine the entire organism. For this reason we have neither strictly scientific divisions of mental disorders nor exact indications for their proper treatment, diagnosis, and prognosis; we can rely only upon certain morbid symptoms. As regards prognosis we have practically no sure basis.—*Przeglad Lekarski*, Nos. 25 and 26, 1893.

Mental Disorders in Diabetes.—The disorders occurring during diabetes in the centres of motion, feeling, and nutrition are well recognized, but mental disorders are hardly known. French authors principally have written concerning them. STANISLAUS IERZYKOWSKI cites three cases of diabetes complicated with mental disturbances. In the first case there was melancholia with suicidal ideas, lasting about a year and disappearing when the patient became very weak, toward the end of the disease; in the second case there was mental debility, which temporarily improved in proportion with the decrease of the quantity of sugar in the urine; in the third there was considerable pruritus vulvæ with general uneasiness. In all three cases there was no hereditary influence. He also quotes a previously-observed case of epilepsy, which occurred suddenly, together with diabetes, at the sight of an epileptic fit; both the epilepsy and diabetes disappeared after one year's duration. The author also mentions one other case in which the quantity of sugar suddenly increased greatly under the influence of disagreeable emotion. Mental disorders in diabetes generally bear the character of intellectual depression or debility, and the cause of their development is not known.—*Nowiny Lekarskie*, July and August, 1893.

Sweden.

DR. F. EKLUND,
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för den
SVENSK MEDICINSK
LITTERATUR.

Af alla i Sverge utkommande medicinska tidskrifter, bocker, afhandligar, monographier a. s. v. torde ett exemplar benäget öfversändas till

DR. ABRAHAM
FREDRIK EKLUND,
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Stockholm.

Toxicology in Sweden during the Years 1873–1892.—LINDBERGER states that during these years there were reported to the directors of the medical department 1890 deaths which, owing to suspicions of poisoning as the cause of death, had been subjects for medico-legal examinations. Of these 1890 cases of poisoning, 1319 were caused by inorganic and 380 by organic poisons. The total number of arsenic poisonings was 405, and that of poisonings by phosphoric substances 743; the former have been decreasing during these twenty years. In a very few cases the presence of free phosphorus was demonstrated. The number of cases of poisoning by carbonic oxide was 55, by hydrocyanide of potash 51, by mineral acids 36, by bichromate of potassium 16, by mercury 4, by carbonate of barium 3, by alcohol 273, by opium 20, by morphia 19, by strychnine 16,

its use has been recommended in diphtheria (Flahaut, *Normandie médicale*. March, 1893) and in conjunctivitis (Trousseau, Ophthalmological Congress, 1892). The authors, after having studied the chemistry and the pharmacology of petroleum, have reached the following conclusions :—

1. That there is no advantage in the use of raw petroleum in therapeutics.

2. In default of special indications, the American petroleum, known under the name of kerosene, boiling at from 150° to 180° C. (334° to 388° F.), should be given for internal use.

3. The medicinal petroleum delivered by the pharmacist should be rectified with the greatest care, in the usual manner.

4. If experience show the advisability of using petroleum charged with heavy oils, it would be well to obtain a composite petroleum possessing the quality of a truly pharmaceutical purification.—*Les nouveaux remèdes*. July 8, 1893.

Methylene Blue.—RICHARD D'AULNAY, of Paris, has used this drug with success in blennorrhagic vaginitis. He has always found the treatment to succeed after three or four days, the pains diminishing from the beginning of the application. The remedy has the inconvenience of staining the linen, but, in comparison with the advantages presented by it, this is of slight importance; it may, besides, be obviated by suitably closing the vaginal orifice. The application is made as follows: The patient is first examined by means of the speculum, and the vaginal cavity cleansed with a sublimated solution and with absorbent cotton, after which tampons saturated with the following solution are introduced: methylene blue, 10 grammes (ʒiiss); alcohol, 15 grammes (℥ss); potassium, 20 centigrammes (*gr. iij*); water, 200 grammes (℥vij). The orifice is closed with a dry tampon, and the application is left in place during two days; it is then withdrawn and the parts washed with the sublimate solution, then glycerin tampons are applied. The cure, after this, is usually complete, and only one or two emollient applications need be made.—*Bulletin de thérapeutique*, No. 18, 1893.

Steresol.—BERLIOZ, of Grenoble, describes a new antiseptic agent, steresol, which is applied to the surface of the mucous membrane and of the skin, like a varnish, and which adheres perfectly. By numerous experiments, the author has established the decided bactericide property of steresol, and has proven that phenol, which forms its active element, does not evaporate entirely from the layer of varnish until after twenty-four hours. Steresol has been in use since three months in the Trousseau Hospital, for the treatment of diphtheria; it gave an important proportion of cures, its application is easy and not painful, and it never causes cicatrices. The layer of varnish remains in position several hours. Steresol may equally well be used in the treatment of tuberculous ulcers of the skin and of the tongue. It permits of a permanent antisepsis of the mucous membranes and of portions of the body in which dressings cannot be *in situ*. The formula of steresol is as follows :—

Gum arabic, purified and soluble in alcohol, . .	270 grammes (℥viij).
Benzoin, purified and entirely soluble in alcohol,	
Balsam of Tolu, ... each	10 grammes (ʒiiss).
Crystallized carbolic acid, ...	100 grammes (℥iij and ʒiiss).
Essence of cinnamon,	
Saccharin, ... each	6 grammes (ʒiss).
Alcohol, in sufficient quantity to make one litre (quart).	

—*Académie de Médecine*, June 6, 1893.

Chloralose.—MARAGLIANO, of Genoa, has published an important article on this drug, first studied by Richet, of Paris. According to the author the hypnotic action of chloralose ordinarily manifests itself half an hour after the ingestion of the drug. Sleep is tranquil, without dreams. The reflexes are exaggerated; thus, patients having a cough are, during the artificial sleep, attacked by paroxysms of cough much more violent than those occurring in the waking state. No painful phenomena are produced. The pulse is not noticeably affected, nor is the temperature modified; no respiratory difficulties occur, and the digestive organs are not affected. On awakening, there is a slight and transitory headache, in about one-half of the cases. The most curious phenomenon quoted by Dr. Maragliano is the following: Under the influence of chloralose innervation disturbances may become manifest, disclosing a neuropathic condition having remained latent up to that time. This property of revealing the latent neuropathic state, already mentioned by P. Marie, of Paris, has been denied by Morselli, of Genoa; but this latter author has shown that the different samples of chloralose used for the experiments were not identical.—*Transactions Academy of Medicine of Genoa*, March 20, 1893; *La Médecine Moderne*, June, 1893.

Gallo-Bromol.—LÉPINE and CAZENEUVE, of Lyon, have made researches concerning bromo-gallol or bromo-gallic acid. It is a substance resembling bromic acid, in which two atoms of bromine replace two atoms of hydrogen. In therapeutics it is a succedaneum of bromide of potassium. The characteristic of its action is the fact that we have to deal with an organic composition, and that the bromine which is disengaged returns to its nascent state. As a sedative, it has given excellent results in a case of chronic chorea. In epilepsy it is less powerful than the bromide of potassium; this may result from the fact that it must be administered in smaller doses, because toxic effects are to be feared. A dog weighing from 15 to 18 kilogrammes (8 to 9½ pounds) was killed by an injection, into the stomach, of 10 grammes (ʒiiss) of gallo-bromol. Intra-venous injections of the same dose induced death in ten minutes. The blood of the animal thus sacrificed is of the color of saffron, and contains an enormous quantity of methæmoglobin. The cardiac phenomena are *nil;* respiration is at first much accelerated, then becomes slower, diminishing to 12 per minute, with a prolonged expiration; at the moment of death it again becomes accelerated. The end comes very suddenly, and is probably due to the alteration of the blood.—*Société Nat. de Médecine de Lyon*, June 19, 1893.

Formic Aldehyde.—VALUDE and DUBIEF, of Paris, have experimented with this new antiseptic in ocular therapeutics. This substance is particu-

larly endowed with aseptic properties; it is much less of a microbicide, and therefore arrests the development of microbes rather than destroys the germs already present. It is this property in particular which renders formic aldehyde precious to the oculist, since it may be used as an antiseptic preparatory to the operation. Its principal qualities are due to its great diffusibility and to its antiseptic properties, which are greater than those of corrosive sublimate. For ordinary usage in ocular surgery solutions of 1 to 2000 are employed; the 5-to-1000 solution is used for antisepsizing the instruments. In cases of ocular suppuration or purulent conjunctivitis most brilliant results are obtained by the instillation of drops of a 1-to-200 and even of a 1-to-100 solution. It may also have another use. Since it does not change the different alkaloids, a 1-to-2000 solution may be employed in making aseptic eye-washes, either with atropia, cocaine, or eserine, which may be preserved without change during a long time.—*L'Union médicale*, June 3, 1893.

Germany.

DR. DUJARDIN-BEAUMETZ UND DR. DUBIEF,
REDACTEUREN DER ABTHEILUNG FÜR ALLGEMEINE THERAPIE.

Alle Bücher, Thesen, Separatabdrücke, etc., über den obenerwähnten Gegenstand in deutscher Sprache erscheinend, solten Herrn
DR. DUJARDIN-BEAUMETZ U. DR. DUBIEF,
176 Boulevard St. Germain,
Paris, France.
zugesandt werden.

Chloride of Methyl.—HERTMANN reports the results obtained by him during one year with pulverizations of chloride of methyl, as applied to seventy cases of various painful affections, such as neuralgia, rheumatic pains, etc. Taking into consideration the cases noted, the author strongly recommends the drug, the more so as, with a little attention and experience, all untoward secondary effects, as erysipelas, lymphangitis, gangrene, etc., mentioned by others, may be obviated. As for the bullæ formed on the track of the pulverizations, it suffices to previously rub the skin with glycerin or vaselin, in order to prevent their occurrence.—*Therapeutische Monatshefte*, April, 1893.

Hydrochlorate of Phenocoll.—G. CUCCO has successfully used hydrochlorate of phenocoll in malaria. He prescribes this drug in doses of from 1 to 1.5 grammes (6 drachms) per day, in capsules of 0.5 gramme (7½ grains), to be taken during seven consecutive days, and beginning the treatment about twelve hours before the expected onset of the attacks. In this way one is sure of breaking the fever. Usually, there are no untoward secondary symptoms. The taste of the phenocoll is much more easily disguised than that of sulphate of quinine, and children take it readily. The drug may also be administered without inconvenience to patients suffering from irritation of the digestive canal. Among 87 cases treated, 52 proved successful, 21 doubtful, and 7 were failures. The remaining 7 cases were still too recent, at the time of publication, to admit of classification. Several patients, who at first showed symptoms of intoxication by quinine, were able to support the phenocoll, and were cured. In certain cases the association of phenocoll and quinine resulted in curing the fever when the two remedies

given separately produced no effect. On the whole, the author recommends the hydrochlorate of phenocoll as a good succeedant of quinine in the treatment of intermittent fever.—*Therapeutische Monatshefte*, April, 1893.

Germany.

PROF. WILSON UND DR. ESHNER,

REDACTOREN DER ABTHEILUNG FÜR FIEBERN.

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zugesandt werden.

Complications of Vaccination.—EPSTEIN reports two cases of purpura and fourteen of erythema developed in the course of four hundred and thirty vaccinations. The cases of purpura occurred in children 12 and 4 months old, respectively, the hæmorrhagic spots being of varying size, appearing four days after vaccination, gradually disappearing in the course of a week, and preceded by agitation, insomnia, and fever. In the first child, which was rachitic, the spots occupied exclusively the left superior extremity, especially its extensor surface; in the second case they were distributed upon the extremities and the trunk. In both the vaccination proved successful, the vesicles at no time, however, being hæmorrhagic. Five days after the attack of purpura measles developed in the first child, the eruption being quite distinct from the petechiæ. Of the fourteen cases of erythema, the eruption appeared in one on the fourth day, in one on the fifth day, in one on the sixth day, in five on the seventh day, in two on the eighth day, in three on the ninth day, in one on the tenth day, and in one on the eleventh day after vaccination. The distribution of the eruption followed no particular course. Most often it appeared about the inflammatory areola of the vesicle and, at the same time, upon the extensor surfaces of the arm and forearm; often it appeared on the postero-external aspect of the thighs, upon the thorax, and upon the sacrum. The erythema resembled the exanthema of measles. It developed in the course of from twenty-four to seventy-two hours, and persisted, ordinarily, for from six to eight days.—*Jahrbuch für Kinderheilkunde*, B. xxxv, p. 442, 1893.

Epidemiology of Enteric Fever.—PFUHL reports the results of a study of an epidemic of enteric fever at Landsberg-au-W., a German town. In the first cases the infection was transmitted through the air, and in later cases through the drinking-water. Only the inmates of four houses were affected. These houses were double and stood upon sandy soil, having a ground floor and an upper floor. At a distance of five and a half metres from each house stood a double wash-house and water-closet. The paths and the street about these houses, which were all in close proximity to each other, were not paved. The common water-supply was an ordinary well. The first case occurred in a machine-laborer, who lived on the lower floor of the oldest house, which had been erected three years before. The origin of this case could not be definitely traced. It was known, however, that about two years previously there had been a case of enteric fever in another room

of the same house; but as the later patient, by reason of his occupation, was but little at home, it was thought that he must have been infected elsewhere.

The evacuations in this case were not thrown into the privy-well, but were buried in the sand behind the closet, and at a not very great depth. The vessel that had contained the stools was at once washed with water brought for the purpose, and was never taken near the well that afforded the source of the common water-supply. Some six weeks after the occurrence of this case, enteric fever developed in a girl living in the same house and in an adult male in the neighboring house. Both patients lived on the ground floor and occupied rooms facing the place where the evacuations of the first case had been deposited, at a distance of ten or fifteen metres. It is believed that these cases resulted from infection through the air, the germs being carried with the dust into the house, where they may have been directly inspired or swallowed, or have been taken in with food or drink. Subsequently enteric fever developed in three children accustomed to playing about in the sand. At this time the disease became epidemic with explosive suddenness, so that, of a total of one hundred and thirty persons, not less than twenty-seven were attacked. Naturally the water-supply was at once suspected of contamination. On inquiry it was learned that the vessel in which were received the evacuations from the second male patient was rinsed at the well from which the water-supply was derived, and it was shown that the conditions were most favorable for contaminating this water. The source of water-supply was at once cut off, and the epidemic soon came to an end. Examination of the water at a later date showed the presence of colon bacilli, but not typhoid bacilli. This indicated that the water had been contaminated by dejecta. The water also contained an excess of sulphites, of chlorine, and of oxidizable matters. It was recommended that the stools of patients be disinfected and emptied into portable receptacles, that the infected ground be generously irrigated with milk of lime, and that an artesian well be substituted for the ordinary well.—*Zeitschrift für Hygiene und Infectionskrankheiten*, May 12, 1893.

Great Britain.

PROF. WILSON AND DR. ESHNER,

EDITORS OF THE DEPARTMENT OF FEVERS.

All books, theses, monographs, etc., upon the above subject, should be sent to

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Intercurrent Enteric Fever.—WELSFORD, of Dover, reports the case of a woman, 28 years old, who came under observation about the third week of a mild attack of enteric fever. There were pain and great tenderness in the right iliac region, enlargement of the spleen, a few doubtful spots, and a temperature of 104° F. (40° C.). Two days later an erythematous rash appeared over the whole body, well marked, especially on the face. The skin was thickened, and of a bright-scarlet color. There were much itching and discomfort. The erythema completely disappeared in a few days, but before vanishing presented patches upon the back of

(3) where the uterus is fixed, but where there is still a chance of operating in undegenerated tissue; (4) where the tumor is too large to admit of its being drawn downward through the vagina, but not yet too large to permit of its extirpation by the sacral method.—*Hygiea*, lv, 7, Stockholm, 1893.

Etiology of Cystic Kidney in Adults.—PETERSSON describes the following case: The patient was single, 33 years old; tertian ague sixteen years before. Mobile kidneys, especially the right, which became much enlarged. Nephrectomy by Lennander. Died under symptoms of paralysis cordis. The cystic degeneration was regarded as a cyst-adenomatous process. For the further development of cysts, the same causes that have been pointed out by Naüwerck and Huffschmied have prevailed.—*Upsala lakäreförenings forhändlingar*, xxviii, 9, pp. 588–603, 1893.

United States.

DR. W. A. EDWARDS,
EDITOR OF THE DEPARTMENT OF DIETETICS AND INTESTINAL DISEASES OF INFANCY.

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Acute Primitive Enterocolitis during Infancy.—DUENAS, of Havana, Cuba, states that 33 per cent. of children who die in Havana before their second year are the victims of acute diarrhœa. The etiological conditions that provoke them are (1) infected condition, soil, air, and water; (2) altered state of cows' milk. The fermentation of milk is dependent on many different causes,—adulteration, heat, etc. Clinical forms can be limited to two types, viz., *cholera infantum* and *enterocolitis*. No relation is to be detected between morbid and etiological specificity; the same infectious agent, such as milk alterations, b. coli communi, impaludism, etc., can provoke the same clinical type.

Etiological and clinical diagnosis will only be concordant when supported by ample and sufficient information, which are some of the resorts of clinical investigation, others consisting of laboratory researches and anatomo-pathological considerations.

Infection of the intestines is the cause of enterocolitis of children. The analogies observed in terminal evolution, symptoms, and results of therapeutics induce the claim that they are identical in nature. Comparative mortality observed during the years 1888–1892 is well adapted to maintain this position.

The principal forms of enterocolitis occurring in Havana are: the common form quoted by the authors, the gastric, the thoracic (severtre), and the cerebral; the remittent typhoidic and choleraic varieties are also very frequent. Treatment is based on four capital indications. 1. Delivering the intestinal tract of matters residing in it. 2. Securing its antisepsy and the functional repose of the organ. 3. Reparation of organic waste. 4. Attacking of the symptoms and complications.—*Pan-American Medical Congress*, September 5–8, 1893; *American Therapist*, October, 1893.

combined with a degeneration of the posterior radicular zones.—*Revista sperimentale di fremiatria*, 1893.

The Hyaline Cylinders in the Urine of the Insane.—VASSALE and CHIAZZO find that hyaline cylinders are of very frequent occurrence in the urine in various forms of insanity. Their number is increased during periods of excitement, becomes diminished or disappears entirely when the excitement ceases. The cylinders are not characteristic of nephritis. Frequently, a symptom of the aggravation of the psychosis will be found in the fact that granulated hyaline cylinders replace the initial hyaline cylinders. Vassale and Chiazzo are of the opinion that these cylinders come from the blood, which is modified by the toxic agent of the psychosis.—*Revista sperimentale di fremiatria*, 1893.

Histological Differences in Degenerative Lesions of the Nerve-Centres, According as the Degeneration is Primary or Secondary.—VASSALE has examined the spinal cord of animals operated upon to produce given lesions, *i.e.*, of general paralysis, pellagra, and dementia. He made use of Wiarchi's method. The degenerated portions were dyed black. Vassale found that when the degeneration is secondary it affects both the sheath of myelin and the cylinder-axis. When it is primary the myelin is degenerated, but the cylinder-axis remains intact. In general paralysis, at varying periods, and in pellagra the primary degeneration at the beginning consists only in histo-chemical alterations, of toxic origin, of the nerve-tube. A chemical modification of the nervous net-work exists, which results from the slight affinity for the coloring matter and the chemical reagents. The actual methods do not allow of clearly determining the alterations of the nervous elements at the beginning; later on we find atrophy of the sheath of myelin and very slight affinity for the coloring agents.—*Revista sperimentale di fremiatria*, 1893.

Mexico.

DR. F. SEMELEDER,
REDACTOR-CORRESPONDIENTE POR LA LITERATÚRA MEXICÁNA.

Todos los periódicos médicos, libros, tesis, monografías, etc., publicados in Mexico deben ser enviádos al Señor

DR. F. SEMELEDER,
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Malarial Fever in the City of Mexico.—JOSÉ TERRÉS, in a study of this subject, concludes as follows:—

1. Most of the malarial patients in the capital and federal district contracted their illness outside of the city.

2. The maximum of incubation is twenty-one days.

3. In every case the hæmatozoa of Laveran are met with in the blood and whenever there is an access of fever, even if the patient has taken quinine.

4. They diminish in number or disappear altogether, as the accesses of fever become rare or subside altogether.

5. Whenever there exists a doubt as to the diagnosis, a microscopical

study of the blood should be made, the pigment in the blood being a most valuable diagnostic aid, as it will be present whenever there are hæmatozoa, but very rarely in other diseases.

6. It is not true that the periods of fever most always occur in the mornings; in fact, there is no rule in that respect.

7. Quinine is the remedy indicated, pambotano (*Calliandra grandiflora*), contrayerba (*Psoralea pentephylla*), picosa (*Croton adenaster*), and yerba del Tabardillo (*Piqueria trinervia*) being, perhaps, of some use as antithermics.

8. Chlorhydrate and bromhydrate of quinine are the preparations to be preferred.

9. In Mexico City, almost in every case, 50 centigrammes (7½ grains) of quinine, given in the morning and as much in the evening, without regard to the hour of access, will cut short the fever, but it is best to continue the treatment for several days.

10. Antipyrin may be combined with quinine when the fever is of the continued or subcontinuous type.

11. It is not sufficiently known what parts of the country are subject to and what parts are free from malarial fevers.

12. It is frequently observed that malarial patients increase in weight and fall off rapidly as soon as the quinine has cured the fever. The cause of this is not explained; nor is it known where and how the hæmatozoa exist in masked fevers, and why in the latter there are no accesses.—*Gaceta Medica de Mexico*, vol. xxix, p. 252 *et seq.*

Catarrh of the Biliary Ducts.—CASTANEDA GONZALO has studied three hundred cases of affections of this nature, which are common in men of from 20 to 40 years of age, and almost always secondary and chronic. There is generally pain about the gall-bladder, extending sometimes to the back, and sometimes there is jaundice. The increasing size of gall-bladder is a pathognomonic sign of the disease, which may last months and years. To empty the bladder will settle any doubt about the diagnosis, which it is important to make from an etiological and anatomical stand-point. Treatment should be causal. Chronic gastritis is cured by milk diet and calomel; opium and nux vomica modify favorably the gastro-intestinal catarrh of alcoholics. Simonillo (an indigenous plant, *Lænneccia parvifolia*, Compositæ) is valuable as a eupeptic and cholagogue. A successful treatment here is artificial or manual emptying of the gall-bladder, or the "Jimenéz manœuvre," as it is called,—a national invention, almost unknown in Europe; it overcomes obstruction, alleviates pain, and verifies the diagnosis.—*Thesis*, Mexico, 1893.

Perikerato-conjunctivitis.—CARMONA Y VALLE describes an affection which he calls "perikerato-conjunctivitis exuberans." It is common here in children between 5 and 14 years of age, of weakened and scrofulous constitution. There is great injection of the conjunctiva, little inconvenience, some photophobia and watering of the eyes, and at the limbus of the cornea and of the conjunctiva a fleshy, reddish ring, the vessels of which come from the conjunctiva. The disease is always of long standing, difficult of

treatment; relapses are common; sometimes the circle invades a considerable part of the cornea. The author saw one case in which the entire cornea was invaded, and only a small, round, central part was transparent. Treatment should be tonic and reconstituent, hydrotherapy, iodide of potash, iron, quinia, arsenic, eye-wash of iodide of potash being indicated.—*Gaceta Medica de Mexico*, vol. xxix, p. 214.

Polioencephalitis.—CARMONA Y VALLE relates four clinical cases of a nervous disease which he names "polioencephalitis centrorum psychomotorum." Of the four patients, one was 28, two 30 years, and one 34 years of age. The second began to feel sick ten years ago. Two of the men were morigerous, two were drunkards, and one was also syphilitic. In two cases the affection began suddenly, and in two there were prodromi, the initial symptom being heaviness in the left shoulder, rest being only experienced in sitting, and later in lying down. Then followed heaviness and stiffness of the left leg, and on the fifth day all these symptoms extended to the right leg and shoulder, and on the eighth day a stroke of paralysis occurred.

In the second case the premonitory symptoms were: tired feeling when walking, formication in left foot and next night in right foot, dullness of speech, and paralysis, which in this case brought on with it acute delirium during fifteen days. In the last case but one there were acute and persistent headache, fever, and delirium on the day preceding the stroke; in another case, sudden headache, vomiting, and paralysis; and in the fourth case, shivering, fever, delirium, and palsy. In one case there was only one stroke, palsy ensuing at once; in another case there were two strokes, palsy, recovery in some months, and finally paralysis. In the third case there were stroke, paralysis, and recovery; three years later another stroke, and consequent paralysis. In the fourth case two years after the first stroke there was a second (paralysis, and recovery); three years later another stroke, and almost full recovery; four years later another stroke, and immediate paralysis. Of the four cases, three lost the power of speech (temporarily) and one did not. The disorder of speech is characteristic, there being at first difficulty and slowness. One of the patients contracted his neck and chest, lifted his head up, and breathed heavily in order to say a few words. This made his talking slow, tiresome, and painful. Two of the patients presented temporary paralysis of the eyes, double vision, and one triple vision. One case had incontinence of urine temporarily, and another exaggerated reflexes of the urinary organs, so that he was unable to pass his water whenever the cold vessel touched his thigh. Of the four patients, one had paralysis of left leg, one of both legs, one of both legs and one arm, and one of all four limbs, although his right arm was of some little use to him. In the second case there were, besides the monoplegia, some slowness of the arm of same side and exalted reflexes of right leg.

Is this paralysis spastic or flaccid? In the first case contracture sets in at once; in the latter there is paralysis at first and contracture later on. Flaccid paralysis (after embolism or hæmorrhage) is more pronounced at first in the arms and fingers; in the spastic form, on the contrary, it is more

noticeable in the inferior members, and there is forcible extension of the legs. The acute phenomena of invasion are ephemeral; they last some hours, perhaps even a fortnight. Facial and ocular paralysis and loss of speech last for a short time, and the spasmodic paralysis of the limbs continues sometimes until death. When the acute cerebral phenomena disappear the paralysis of the limbs diminishes, and even disappears in some parts.

Sometimes a patient recovers his physiological condition, but after months, or two or three years, there will be a new stroke of paralysis, which will be more pronounced in those limbs that were formerly most affected. Occasionally the paralysis settles in one or more members and never disappears again. Sometimes fever, headache, etc., will supervene, and contracture and uselessness of the limbs will increase. When there is extensive paralysis the patients grow weaker and weaker, decubitus and exhaustion following.

Diagnosis is not difficult if the patient can be seen from the beginning. No one of the author's patients had an initial trembling, nor the "nystagmus" characteristic to sclerosis in plaques. No autopsies were made, except in cases in which many years had elapsed since the disease first appeared. The gray substance being first affected, the white one naturally degenerated too, its nutrition being impaired.—*Gaceta Medica de Mexico*, vol. xxix, p. 270.

Typhus Fever in Mexico.—JUAN BREÑA describes an epidemic of typhus which scourged the city of Zacatecas during 1892 and 1893. This city is situated 2442 metres above the sea-level. The mean temperature is 16.8° C. (62° F.), the population 30,000. In 1892 there were 2642 deaths from this epidemic, among them 11 physicians and 2 chemists. Dr. Breña offers the following general remarks: Initial chill warrants a bad prognosis, as do lasting hyperpyrosis, irregularity or extreme weakness of pulse, complete sleeplessness, stupor, and repeated epistaxis and hopelessness, and warrant looseness of bowels, instead of the generally-observed confinement. Pregnant women generally recover from typhus. Pulmonary emphysema is often favorably modified by the disease. Simple and symptomatic treatment, with tepid baths and cold affusions to the head, are the therapeutic measures indicated.—*Monograph*, 1893.

MAN. S. SORIANO discusses the cases of typhus fever treated in the municipal hospital "Juarez," City of Mexico, from July, 1892, to July, 1893. Men, 2082; women, 1353. Total, 3435. Largest number, in January, 577; February, 538; March, 489. Smallest number in 1893: July, 106. Recovered: men, 591; women, 364. Total, 955, or 27.59 per cent. Prevailing forms, in order of frequency: Adynamic, ataxic, ataxo-adynamic, hæmorrhagic. Complications, in order of frequency: Intestinal, parotitis, otitis, pneumonia, bronchitis, tracheitis, laryngitis, erysipelas, decubitus, subcutaneous abscess, and paralysis and gangrene of inferior extremities. In three cases there was an invasion during convalescence from the first; in one case the eruption was papulous, and the patient died of syncope during

the third week; in one fatal case there was congestion of the brain; in one girl there was aphasia, intelligence not being impaired. Treatment was without effect.

Antipyrin was found to be pernicious. The principal remedies used by Ruiz were antiseptics, hypodermatics of strychnia, and hygienic and symptomatic treatment. Alfaro used saline laxatives, at first; tonics during the whole disease; boric acid, as antiseptic; salol, and salicylate of bismuth; hygiene, cleanliness, and disinfection of wards; and hydrotherapeutics (Brand), with good results. Perez Redondo employed disinfection, and carefully watched the intestinal functions. Tonics, hypodermatics of strychnine or caffeine, but no antithermics, were given.—*Gaceta Medica de Mexico*, vol. xxx, p. 121.

Poland.

DR. J. DRZEWIECKI,

Redaktor Korespondent z działu polskiej literatury tyczącej się: Medycyny ogólnej i lecznictwa; pediatryi; akuszerzyi; ginekologii; laryngologii; otologii; hygieny; demografii; medycyny sądowej; histologii; patologii; bakteryjologii; anatomii; fizjologii.

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Influence of Mineral Baths in Normal and Pathological Menstruation.—Most balneologists regard menstruation as a contra-indication for baths, and these are discontinued during that period at every bath-cure. However, the investigations of MAKAVEYEF show that in abnormal menstruation and in diseases of the sexual organs mineral baths should be continued, since they improve the general condition of the patient, diminish and shorten abundant menstruation, and augment a scanty flow. Artificial salt baths, according to the author, may be employed for the same purpose, their effect being similar. They are to be recommended to cause contraction of the womb and diminish the quantity of blood in it.—*Vratch*, Nos. 24 and 25, 1893.

A Case of Gastrodidymus Bimasculinus.—BOCIANSKI describes a case of monstrosity of the above class, hitherto unobserved. A woman in her eleventh confinement gave birth to a monster having two heads. The vertebral column was double as far as the last thoracic vertebra, where it united with the lumbar vertebræ to form a Y. There were four superior extremities, four shoulder-blades and collar-bones, and two sterni. The right and left halves of each embryo were well developed, the bodies forming one common cavity, containing the lungs, which were divided into five lobes, and one heart common to both bodies. There was one bladder from which two urethræ sprung, each having a penis,—one, with testicles, being placed near the symphysis pubis, the other being situated at the anal orifice. The sexual organs were quite developed. There were but two lower extremities.—*Nowiny Lekarski*, June, 1893.

Copaiba Balsam as a Diuretic.—S. BRONOWSKI used this remedy in six cases,—three of hepatic cirrhosis, one of cardiac insufficiency complicated with cirrhosis, one of hepatic cancer, and one of pleural effusion and apical

tuberculosis. He found the best form of administration to be by an emulsion of 8 grammes (2 drachms) of copaiba to 180. The patients bore 6 grammes (1½ drachms) daily without bad effects. Tincture of peppermint was used to disguise the disagreeable taste. He found it to be entirely satisfactory as a diuretic.—*Gazeta Lekarska*, No. 29, 1893.

United States.

DRS. APOSTOLI AND GRAND,
EDITORS OF THE DEPARTMENT OF ELECTRO-GYNÆCOLOGY.

All books, theses, monographs, etc., upon the above subject, should be sent to
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Recent Progress in Electro-Gynæcology.—G. BETTON MASSEY, of Philadelphia, made an interesting communication upon this subject before the forty-fourth annual session of the American Medical Association. He states that during the past year the application of electricity in the diseases of women has made great progress in two ways, namely, the greater exactness of technical knowledge and the wider scope of its employment. There is a constant increase in the number of those who believe that the satisfaction of arriving at or establishing a diagnosis by means of an operation should not be the chief object of the gynæcologist, and that an agent such as electricity, so efficacious in the cure of existing lesions, in the relief of pain, and in the restoration of functional activity, is one that merits far more attention from those to whom gynæcology and surgery are synonymous terms. To neglect the application of a conservative procedure as well as a curative one to a diseased or functionally-altered organ, to consider only the possibility of surgical operation by removal of the organ and suppression of its function, is to entirely ignore the true spirit of medicine and to lose sight of its essential end, to cure. One of the most precious acquisitions of gynæcology in later years is that of electrotherapy.

Functional Troubles.—Electricity is a powerful remedy in the various functional disturbances of menstruation, even in young girls, in whom the application of the current externally, in the intervals of the periods, or even during the flow, is sufficient to regulate the function, whether the trouble be a scanty flow, an excessive one, or spasmodic pain; and recourse need no longer be had, as is too often the case, to harmful drugs or to curettage.

The various conditions obstructing sexual intercourse or preventing conception, such as vulvar hyperæsthesia, relaxation and flaccidity of the vaginal muscles, ovarian and lumbar pain, irritability or displacements of the uterus, not to speak of peri-uterine complications, may be efficiently treated by means of electricity. In sterility due to catarrhal conditions of the uterus the results from the use of electricity are infinitely better than those obtained by the operation commonly employed, namely, that of dilatation, and that with far less probability of tubal complications, or of extra-uterine pregnancy.

Pelvic Neuralgia.—Apart from functional troubles, inflammation, and neoplasms, a large majority of patients apply for relief for chronic pain and

malaise, the true nature of which is not clear. Here the use of electricity is especially to be recommended as a substitute for the so-called exploratory laparotomy, which too frequently terminates in the removal of ovaries seldom, if at all, diseased. Not only does electricity bring recovery in many of these obscure cases, but it also, even when it throws no light upon the real character of the disease, leaves the patient in good condition for the employment of other treatment.

Chronic Metritis.—The formerly-accepted belief that the uterus was the chief seat of inflammations of a chronic nature, and that from it the infection was extended to the parts above, seems to-day to recover ground, thanks, in a great measure, to electro-gynæcology. It cannot be denied that operative surgery of to-day has proven of the greatest benefit in diagnosis; but the light shed by it upon the pathology of lesions of the appendages must not cause the fact to be forgotten that the principal seat of the disease is in the uterus, and there must be sought for. The value of galvanic intra-uterine applications in the treatment of endometritis and hyperplasic metritis is generally recognized; their more-extended use must render less and less desirable the use of pessaries, curettage, and trachelorrhaphy. The use of the current may be combined, in suitable cases, with cataphoresis,—a method the results of which are as yet not definitely recognized.

Fibrous Tumors.—It is in the treatment of fibromata that the action of electricity is most clearly defined, its use most general, and its success greatest. Many cases of total disappearance of the tumors have been related during the year. Experience has shown that the treatment is most markedly efficacious in growths of the interstitial or intra-mural varieties, or the subperitoneal, provided the tumors be sessile, though there is less hope of cure in this latter class. As to œdematous myomata, or those that have undergone cystic degeneration, they are not amenable to electricity.

Intra-uterine applications are still most in favor, vaginal puncture being reserved for cases in which the former method is not practicable. Favorable results have been obtained by means of abdominal puncture in cases of voluminous tumors in which other methods could not be employed. Vaginal applications are also useful at times, and it has even been found possible to reduce fibromata by means of purely external applications.

Cases unsuitable for electric treatment having been eliminated by careful selection, this method of treatment must stand as the favorite one in the cure of fibrous tumors.

Conclusions.—The methods of application of electricity are constantly increasing, thus enlarging its sphere of action so as to include functional, inflammatory, and trophic troubles of the female pelvic organs. In the face of the progress constantly recorded, it is impossible to fix the limits of its domain, those of to-morrow far exceeding those of to-day.

Recent Suggestions in Therapeutics.

Arthritis.

For one week each month 2 of the following pills daily, at meal-time: ℞ *Hydrochlorate of quinine*, gr. ij (0.15 gramme); *ext. of colchicum, powdered digitalis*, ᴧᴧ gr. 1-5 (0.01 gramme). For 1 pill. During the remainder of month 2 of the following pills twice a day: *Benzoate of lithine, extract of gentian*, ᴧᴧ gr. ij (0.15 gramme). (Brocq, *Medical Press and Circular*, October 11, 1893.)

Catarrhal Deafness, especially chronic, non-suppurative otitis media, accompanied by, and apparently depending upon, the so-called "dry catarrh" of naso-pharynx: *Pilocarpine*, hypodermatically, in doses of from gr. 1-16 to gr. 1-8 (0.004 to 0.008 gramme) every day or two, for a fortnight; after which, if beneficial effect is observed, it is continued *per orem*. (Egbert, *The Medical Summary*, October, 1893.)

Cystitis.

Fluid extract of pichi (*Fabiana imbricata*), 1 teaspoonful three times daily. (Friedlaender, *The Medical Age*, August 25, 1893.)

Diarrhœa.

Chronic Form.

℞ *Salicine*, ʒij (8 grammes); *simple syrup*, q. s. M. and make into pills no. xx. Sig.: One to be taken every four hours. (*Les Nouveaux Remèdes*, September 24, 1893.)

Tuberculous Form.

℞ *Phosphate of lime*, ʒiiss (10 grammes); *tannin*, gr. 15 to 30 (1 to 2 grammes). M. To be divided into six doses, and taken during the course of the day, in wafers. (Maragliano, *Les Nouveaux Remèdes*, September 24, 1893.)

Gonorrhœa.

To re-inforce local treatment, especially when orchitis and cystic complications prevail, *fluid extract of pichi* (*Fabiana imbricata*), 1 teaspoonful three times daily. (Friedlaender, *The Medical Age*, August 25, 1893.)

Gouty Dyspepsia.

To obviate flatulency and to diminish the tendency to acidity, fluid preparation of *chiretta, i.e.*, solution in *glycerin* and *water* of its two bitter principles, *ophelic acid* and *chiratin*. (*British Medical Journal*, October 14, 1893.)

Hiccough Associated with Hysteria.

Constant current, applied with positive pole at the back and root of the neck and the negative pole at the epigastrium, daily, with tonic treatment. (Moyer, *The Physician and Surgeon*, September, 1893.)

Lead Colic.

Large doses of *olive-oil*, to clear intestines and relieve pain. Six ounces (185 grammes) at a time, daily, cure in three to five days. Pain begins to diminish after first dose. If oil vomited, 3 grains (0.20 gramme) *menthol*, in solution, fifteen minutes before next dose. (Combemale, *Bulletin Générale de Thérapeutique*, p. 433, 1893.)

Nephritis.

Methylene blue, in wafers, 0.1 gramme (gr. iss) three times a day, every other day. Increases urine: gradual decrease and disappearance of albuminuria, casts, and œdema, and of all morbid symptoms. No undesirable phenomena observed. Urine becomes blue from the start. (Netchaleff, *Deutsche medicinische Wochenschrift*, No. 20.)

Neuralgia.

Salophen in large doses. (Lutze, *Therapeutische Monatshefte*, p. 340, 1893.)

Neurasthenia.

Hypodermatic injections solution composed of *phosphate of sodium*, ʒj (4 grammes); *chloride of sodium*, ʒss (2 grammes); *neutral glycerin*, ℥vj (20 grammes); *water*, ʒij and ʒvj (80 grammes), furnished "remarkable results," ascribed by the writer, however, to suggestion. (Mathieu, *Gazette des Hôpitaux*, September 7, 1893.)

Phthisis.

Tracheal injections of: ℞ *Sterilized oil*, ℥iij and ʒij (100 grammes): *creasote*, ʒiiss (10 grammes); *menthol*, gr. lxxv (5 grammes). Use small syringe, with elongated and curved tip. Illuminate larynx and bring it to view with laryngoscopic mirror. Introduce tip of syringe between vocal bands, and pour about one-half teaspoonful of the oil in trachea. If properly performed, no cough or other trouble. Absorption very rapid. Injections to be repeated daily. Considerable improvement and cures of eighteen months' standing reported. (De la Jarrige.)

Tracheal injections of: ℞ *Guaiacol* (pure), *sterilized almond-oil*, equal parts. Same procedure as above, using the Pravaz syringe, which can contain enough of the solution to represent 7¼ minims (0.5 c. c.) of pure *guaiacol*. One-fourth of a syringeful is injected daily, this being gradually increased until 1 or 2 syringefuls are used. If expectoration copious, may be increased even up to 8. Stronger doses are useless. Drug eliminated through respiratory tract, skin, and secretory organs. Copious perspiration follows each injection, but as process of repair proceeds this symptom gradually disappears. Eighty-two cases treated; 62 benefited, 2 remained stationary, 18 aggravated. Of the 62 relieved, 27 cures of over three years' standing. (Weill and Diamantberger.)

Tracheal injections of *iodoform-guaiacol* in tuberculosis of children produced amelioration in three-fourths of large number of cases treated. Cure possible in recent cases. (Leroux.)

Hypodermatic injections of *camphorated oil*. (Sezary and Barillon.) (Tuberculosis Congress, *Nouveaux Remèdes*, September 24, 1893.)

Pruritus Vulvæ.

Fowler's solution, 5 drops, gradually increased to 8, in water, three times a day. Locally: ℞ *Bichloride of mercury*, ʒss (2 grammes); *tinct. of opium*, ʒj (31 grammes); *water*, ℥viij (250 grammes). Prevents pruritus while cause of trouble is being removed. (Ludrick, *Medical Brief*, October, 1893.)

Stomatitis.

Three-per-cent. solution of *biborate of soda*, of which a tablespoonful is given every two hours. (Aufrecht, *Therapeutische Monatshefte*, August, 1893.)

Uric-Acid Diathesis.

Piperazin administered continuously for a fortnight (15 grains—1 gramme), at least, before opinion can be formed. 1. Diuresis considerably increased; urine passed in case of arthritis having been doubled. 2. Specific gravity of urine lowered, but never becomes alkaline or even neutral. 3. Appetite not affected, and no disturbance of general condition observed. 4. *Hydrochloric salt of piperazin* better than free base product, being less hydroscopic. Subcutaneously, *piperazin* painful and dangerous, causing infiltration, with tendency to abscess. (Wittsack, *Notes on New Remedies*, August, 1893.)

Vaginitis in children, due to scrofula, blennorrhagia, etc.: Solution of *permanganate of potassium*, 1 in 4000, gradually increased to 1 in 1000. Child placed edge of bed and male catheter introduced into vagina and pubiato; communication by means of rubber tube with reservoir containing solution, held three feet over patient. Pint of liquid allowed to flow into vagina by gravitation twice or three times per week; cure in fortnight. (Monod, *Medical Press and Circular*, October 11, 1893.)

The Annual of the Universal Medical Sciences for 1893.

The sixth series of these volumes is now before us. We have before spoken highly of this publication, and in all conscientiousness would repeat all that has been said. The work is simply monumental in its scope, and also serves as a guide-book to the more extended literature of every department of medical science of the past year. The journal reference-list has increased from 2166 to 2194. The general plan and scope of the work remain the same. The editor's temporary residence in France has enabled him to secure the co-operation of some of the ablest of the French writers, including Dujardin-Beaumetz, Lépine, Apostoli, Poirier, Budin, Levison, and others.

No better expenditure of fifteen dollars can be made than in the purchase of these volumes.—*Epitome of Medicine*, September, 1893.

Monographs Received.

The editor acknowledges, with thanks, the receipt of the following monographs :—

Eine drehbare Universaldoppelcürette für endolaryngeal Operationen, von *Dr. Theodor Heryng* in Warschau.——Hydatids of the Liver, by *Alexander Hugh Ferguson*, Manitoba.——A Contribution to the Treatment of Pulmonary Tuberculosis with Professor Koch's Tuberculin, by *Karl von Ruck*, Asheville, N. C.——The Treatment of Catarrhal Disease of the Upper Air-Passages, by *Norval H. Pierce*, Chicago, Ill.——Intubation in an Adult Followed by a Fatal Œdema of the Larynx after Extraction of the Tube, by *Max Thorner*, Cincinnati, O.——Western Pennsylvania Medical College Announcement, Pittsburgh, Penn.——Bellevue Hospital Medical College, Circular of Information, New York.——University of Pennsylvania, Catalogue for Session 1892–93, etc., and Announcement for Session 1893–94, Philadelphia.——Colorado School of Medicine, Announcement, 1893–94, Boulder, Col.——Milk Legislation, by *George Abbott*, Philadelphia.——A Case of So-called Laryngeal Vertigo or Laryngeal Epilepsy, by *Wendell C. Phillips*, New York.——Metatarsalgia (Morton's painful affection of the foot), with an Account of Six Cases Cured by Operation, by *Thomas S. K. Morton*, Philadelphia.——An Address on Twenty-five Years of Clinical Work, by *R. Shingleton Smith*, Bristol, Eng.——Die Symphyseotomie, von *Prof. Dr. P. Zweifel*, Leipzig.——Report of Friends' Asylum for the Insane, 1893, Philadelphia.——The Bicycle in its Relation to the Physician, by *Seneca Egbert*, Philadelphia.——The Advantages of Extension of the Head during Anæsthesia and Other Conditions, by *Cephas L. Bard*, Ventura, Cal.——A Résumé of Surgical Operations in the Practice of Dudley P. Allen, by *William H. Nevison*, Cleveland, O.——Meckel's Diverticulum as a Cause of Intestinal Obstruction, by *Dudley P. Allen*, Cleveland, O.——Colles's Fracture, by *E. H. Woolsey*, Oakland, Cal.——Removal of the Drum-head and Ossicles in Diseases of the Middle Ear, by *G. Melville Black*, Denver, Col.——The Negative Pole of the Galvanic Current with Faradization as a Uterine Developer, with Report of a Case, by *Chas. G. Cannaday*, Roanoke, Va.——The Treatment of Non-Membranous Stenosis of the Larynx in the Adult of O'Dwyer's Method of Intubation, by *W. K. Simpson*, New York.——Les verdicts de la cour du Coroner du District de Montréal pour le premier semestre de 1893, au point de vue Medical, par les *Docteurs Wyatt Johnston* et *George Villeneuve*, Montréal.——Report of a Case of Syringomyelia, with Exhibitions of Sections of the Spinal Cord, by *James Hendrie Lloyd*, Philadelphia.——Certain Problems in Abdominal Surgery, by *Charles P. Noble*, Philadelphia.——Symphysiotomy Versus its Substitutes; with Report of a Case of Symphysiotomy, by *Charles P. Noble*, Philadelphia.——Report of the Kensington Hospital for Women, 1892, Philadelphia.——Diathetic Maladies and their Dosimetric Treatment, by *Adolph Burggraeve*, New York.——Resection of the Intestine in Gangrenous Hernia, by *Carl Beck*, New York.——Double Congenital Dislocation of the Lens, by *George Triebis*, Philadelphia.——A Contribution to the Study of Cerebro-Spinal Meningitis, Especially its Etiology, with Report of a Case Following Influenza, by *William Broaddus Pritchard*, New York.——Third

Annual Report of the New Orleans Eye, Ear, Nose, and Throat Hospital, 1892, New Orleans, La.——Polypoid Disease of the Nasal Chambers, by *E. B. Gleason*, Philadelphia.——Subjective Alteration of the Pitch of Sounds in the Partially Deaf, by *E. B. Gleason*, Philadelphia.——The Physics of the Cranial Circulation, and the Pathology of Headache, Epilepsy, and Mental Depression, by *A. Haig*, London.——Practical Data on the Application of Water in Some Intractable Diseases, by *Simon Baruch*, New York. ——Diphtheria and Other Pseudo-Membranons Inflammations, a Clinical and Bacteriological Study, second paper, by *William Hallock Park*, New York.——Stricture of the Rectum and its Treatment, by *H. Hahn*, St. Paul, Minn.——Annual Report of the Managers of the Sanitarium Association of Philadelphia, 1892.——Forty-fourth Annual Report of St. Joseph's Hospital, Philadelphia.——Some who Have Suffered for Pathology's Sake, by *Henry W. Cattell*, Philadelphia.——Inflammation; Pus; Positively and Negatively Chemolactic Substances, by *Henry W. Cattell*, Philadelphia. ——Some Notes on Scarlet Fever Based on One Hundred and Eighteen Consecutive Cases, by *Henry W. Cattell*, Philadelphia.——Some Hints on Taking Photo-micrographs of Bacteria, by *Henry W. Cattell*, Philadelphia. ——Rheumatic Throat Affections, by *Max Thorner*, Cincinnati, Ohio.—— Des Polypes de la Cloison des Fosses Nasales, par le *Dr. Marcel Natier*, Paris, France.——Fifty-third Announcement of the Missouri Medical College, Session 1893–94, St. Louis, Mo.——Proceedings of the Society for the Study of Inebriety, August, 1893, London.——Report on Rectal Diseases, by *W. O. Green*, Louisville, Ky.——Estudios Clinicos sobre Laringologia, Otologia, y Rinologia su práctica y enseñanza actual en Europa, por el *Doctor Ricardo Botey*, Madrid Spain.——Announcement of the Johns Hopkins Medical School, 1893, Baltimore, Md.——The Treatment of Alcoholic Inebriety, by *Frederick Peterson*, New York.——Some Physiological Experiments with Magnets at the Edison Laboratory, by *Frederick Peterson* and *A. E. Kennelly*, New York.——The Indications of Amputation in Chronic Disease of the Larger Bones and Joints, with a Report of Seventeen Recent Cases, including Three Successful Amputations at the Hip-Joint, by *J. E. Summers, Jr.*, Omaha, Neb.——Apparent and Actual Mortality, by *F. D. Bullard*, Los Angeles, Cal.——Pyloric Obstruction, by *H. Tuholske*, St. Louis, Mo.——Punctured Wounds of the Feet, by *S. C. Plummer*, Chicago, Ill.——Faux rétrécissements de l'Urèthre, par le *Dr. Reliquet* et *A. Guepin*, Paris, France.——The First Annual Report of the Sheppard Asylum, a Hospital for Mental Diseases, Baltimore, Md.——Consideraciones sobre el exclusivismo de las teorias de la inflamacion, por el *Dr. José Lorres Matos*, Habana.——Zur Ætiologie des Pes calcaneus, von *Prof. Dr. Carl Bayer*, Prague.——Neuer Beitrag zur Anwendung des Ichthyols in der Gynäkologie, vom *Dr. Romolo Polacco*, in Mailand.——Ueber die behandlung der Gonorrhe mit Ichthyol, von *Prof. Dr. Neisser*, *Doc. Dr. Ehrmann*, *Dr. Iadassohn*, *Dr. O. Manganotti*.——Erfahrungen über die wirkung des Ichthyols, von *Dr. Karl Ullmann*, Wien.——Transactions of the Medical Society of the State of New York, 1893.——Mineral Springs and Health Resorts of California, by *Winslow Anderson*, San Francisco, Cal.

REVIEWS

OF THE

Annual of the Universal Medical Sciences.

BRITISH MEDICAL JOURNAL of October 28, 1893.

The present is the sixth issue of this ANNUAL, and the editor, Dr. C. E. Sajous, who is assisted by 70 associate editors and over 200 correspondents, has made an additional effort to render the work thoroughly international. To this end he has enlisted the services of Sir B. W. Richardson, Dr. Dujardin-Beaumetz, Professor Lépine, Professor Obersteiner, Dr. Bourneville, Dr. Norman Kerr, Professor Budin, Dr. Lutaud, Dr. Dudley Buxton, Dr. Apostoli, and Professor Poirier, who contribute articles on departments with which their names are identified. The work is, so far as we know, the only year-book published in the English language which professes to deal in anything like a complete manner with medical literature, and as a work of reference it will be found of inestimable value. It is thorougly well arranged and compiled, and the general index, which extends to 81 *pages* of treble columns, renders it easy to consult. Where necessary, illustrations, some of them of a most admirable character, have been introduced, and the work reflects the greatest credit on the industry and power of organization of the editor-in-chief.

BUFFALO MEDICAL AND SURGICAL JOURNAL of November, 1893.

The sixth issue of this great ANNUAL comes to hand somewhat later than usual. This, however, is not remarkable when we consider the immensity of the work and the great labor that is required to put it out. The delay is probably due to the fact that the editor has temporarily removed to Paris and the necessary complications which would grow out of such a radical change of residence. This, however, will be more than compensated for, we presume, by the fact that Dr. Sajous will be brought into closer touch with the European publications and authors who are drawn upon for contributions and editorial work.

The ANNUAL appears this year without essential change in any of its departments, which we think is wise. The method of publication has already become familiar to the American profession, and the purposes of the work are well served. There is no undertaking in all the literature of medicine that compares with it, and we consider that the price of the volumes is fixed at an astonishingly low rate, considering the vast deal of time and money requisite to prepare them for distribution. We hope the enterprise will be well sustained by the profession of medicine throughout the world.

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